No. C 135521		Due no later than Sep 30, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CHILDREN'S THERAPY PLACE, INC. SONDRA F MCMINDES 6855 W. FAIRVIEW AVENUE BOISE ID 83704		12409 N. U BOISE ID	SONDRA F MCMINDES 12409 N. UPPER RIDGE PLACE BOISE ID 83714 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA hess Addresses of President, Secretary, and Directors. Treasurer		rer (ontional)	(ontional)			
	Name	cos madresses of th	Street or PO Address	City	State	Country	Postal Code	
	SONDRA F MCMINDES KIMBERLY LAURIE		5746 W FARM MARKET RD 6855 W. FAIRVIEW AVENUE	BOISE BOISE	ID ID	USA USA	83714 83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Celeste Costa		Date:	Date: 07/18/2012			
C 135521		Name (type or print): Celeste Costa		Title:	Title: Accounts Manager			
Processed 07/18/2012		* Electronically pro	vided signatures are accepted as original	signatures.				