No. <b>C 135174</b>				2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRIAN LANE OLSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		PEAKS TO PLAINS THERAPY SERVICES, P.A. BRIAN LANE OLSON 3750 FOUNDERS POINTE DRIVE IDAHO FALLS ID 83406 USA			IDAHO FALLS ID 83406  3. New Registered Agent Signature:*			
NO FILING FEE IF				The state of the s				
RECEIVED BY DUE DATE								
4. Corporations: Ente	r Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BRIAN L OLSON		SON	3750 FOUNDERS POINTE DRIVE	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 135174		Signature: Br		Date: 07/01/2013				
		Name (type o		Title: President				
Processed 07/01/2013	3	* Electronically provided signatures are accepted as original signatures.						