

No. C 160470	Due no later than May 31, 2015 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DOLEZAL THERAPY, INC LAURA K DOLEZAL PO BOX 14 CHESTER ID 83421	LAURA DOLEZAL 939 N 2925 E CHESTER 83421 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	LAURA DOLEZAL	939 N 2925 E	CHESTER	ID	USA	83421
SECRETARY	LAURA DOLEZAL	939 N 2925 E	CHESTER	ID	USA	83421
DIRECTOR	LAURA DOLEZAL	939 N 2925 E	CHESTER	ID	USA	83421
5. Organized Under the Laws of: ID C 160470	6. Annual Report must be signed.* Signature: Laura K. Dolezal Name (type or print): Laura K. Dolezal		Date: 04/16/2015 Title: owner			
Processed 04/16/2015		* Electronically provided signatures are accepted as original signatures.				