No. <b>C 90300</b>		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		DAVID L ANI	DAVID L ANDERSEN 363 TYRA DR IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
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.  THERAPUTIC MANAGEMENT, INC., CHARTERED DAVID L. ANDERSEN 363 TYRA DR IDAHO FALLS ID 83401-4437		CONTRACTOR OF THE PROPERTY OF				
4. Corporations: Enter	Names and Busin	ess Addresses of F	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVID L. AI	NDERSEN	363 TYRA DRIVE	IDAHO FALLS	ID	USA	83401-4437	
SECRETARY	SUSAN A. A	ANDERSEN	363 TYRA DRIVE	IDAHO FALLS	ID	USA	83401-4437	
DIRECTOR	DIRECTOR DAVID L. AN		363 TYRA DRIVE	IDAHO FALLS	ID	USA	83401-4437	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 90300		Signature: Dav		Date: 09/12/2009				
		Name (type or		Title: President				
Processed 09/12/2009		* Electronically pr	ovided signatures are accepted as origina	l signatures.				