

No. W 66880

Due no later than September 30, 2008  
Annual Report Form

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080NO FILING FEE IF  
RECEIVED BY DUE DATE

## 1. Mailing Address - Correct in this box, if applicable

ADVANCED THERAPY CARE PLLC  
5850 SOUTH 18TH EAST  
MOUNTAIN HOME, ID 83647

## 2. Registered Agent and Office NO PO BOX

RACHELLE O RUFFING  
5850 SOUTH 18TH EAST  
MOUNTAIN HOME, ID 836473. New Registered Agent Signature

## 4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<del>President</del> <sup>Partner</sup>	Rachelle Ruffing	PO Box 603	Mtn. Home	ID	83647
<del>Vice President</del> <sup>Partner</sup>	John L. Ruffing	PO Box 603	Mtn. Home	ID	83647

5. Organized Under the Laws of:  
IDAHO  
W 66880

6.

Signature

Rachelle Ruffing

Date

7/22/08

Name

(Typed or  
Printed)

Rachelle Ruffing

Title

Owner/Partner

Issued 07/01/2008

Do Not Tape or Staple

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