

|  |                    |   |      |  |         |             |  |
|--|--------------------|---|------|--|---------|-------------|--|
| No. <b>C 152876</b>  |                    | <b>Due no later than Jan 31, 2017</b>   |      | <b>2. Registered Agent and Address (NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NICHOLS THERAPY GROUP P.C.<br>BRIAN D NICHOLS<br>9652 W STATE ST<br>STAR ID 83669 |      | BRIAN NICHOLS<br>9652 W STATE ST<br>STAR ID 83669  |         |             |  |
|  |                    |   |      | 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 |  |
| SECRETARY  | JUDIANNE K NICHOLS | 9652 W. STATESTREET   | STAR | ID   | USA     | 83669       |  |
| PRESIDENT  | BRIAN D NICHOLS    | 9652 W. STATE STREET  | STAR | ID   | USA     | 83669       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 152876</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Brian Nichols<br>Name (type or print): Brian Nichols<br>Date: 02/17/2017<br>Title: President  |      |  |         |             |  |
| Processed 02/17/2017   |                    | * Electronically provided signatures are accepted as original signatures.   |      |  |         |             |  |