

No. <b>W 66880</b>	<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		RACHELLE O RUFFING 5850 SOUTH 18TH EAST MOUNTAIN HOME ID 83647			
	ADVANCED THERAPY CARE PLLC RACHELLE RUFFING 5850 SOUTH 18TH EAST MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	RACHELLE O RUFFING	5850 SOUTH 18TH EAST	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of:  <b>ID</b> <b>W 66880</b>		6. Annual Report must be signed.* Signature: Rachelle Ruffing Name (type or print): Rachelle Ruffing		Date: 07/16/2012 Title: Owner		
Processed 07/16/2012		* Electronically provided signatures are accepted as original signatures.				