

No. C 152876		Due no later than Jan 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. NICHOLS THERAPY GROUP P.C. BRIAN D NICHOLS 9652 W STATE ST STAR ID 83669		BRIAN NICHOLS 9652 W STATE ST STAR 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: ID C 152876		6. Annual Report must be signed.* Signature: Brian Nichols Name (type or print): Brian Nichols					
		Date: 12/15/2014 Title: President					
Processed 12/15/2014		* Electronically provided signatures are accepted as original signatures.					