

No. <b>C 152876</b>		<b>Due no later than Jan 31, 2015</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>Annual Report Form</b>		BRIAN NICHOLS 9652 W STATE ST STAR 83669			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		NICHOLS THERAPY GROUP P.C. BRIAN D NICHOLS 9652 W STATE ST STAR ID 83669					
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:		6. Annual Report must be signed.*					
<b>ID C 152876</b>		Signature: Brian Nichols			Date: 12/15/2014		
		Name (type or print): Brian Nichols			Title: President		
Processed 12/15/2014		* Electronically provided signatures are accepted as original signatures.					