No. <b>C 118036</b>		Due no later than Jan 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  VALLEY THERAPY SERVICES, INC.  ROBERT L ROBINSON  113 EAST AVE F  JEROME ID 83338-3132		113 EAST A JEROME ID	ROBERT ROBINSON  113 EAST AVE F  JEROME ID 83338  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
The same of the sa		ess Addresses of Pr	resident, Secretary, and Directors. Trea	( )				
Office Held Name			Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT			1013 GLEN EAGLE DR. 1013 GLEN EAGLE DR.	JEROME JEROME	ID ID	USA USA	83338 83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 118036		Signature: Robert Robinson			Date: 11/20/2015			
		Name (type or p		Title: President				
Processed 11/20/2015 * Electronically provided signatures are accepted as original signatures.								