

No. C 157361		Due no later than Nov 30, 2016 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. BEEHIVE REHABILITATION AND COUNSELING, P.A. ERIC OLSON 490 PARK AVENUE SUITE 4 IDAHO FALLS ID 83402		NANCY J MONSON 2900 ROLLANDET AVE IDAHO FALLS ID 83402			
						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	GARY SHENTON	490 PARK AVENUE SUITE 4	IDAHO FALLS	ID	USA	83402	
PRESIDENT	ERIC OLSON	490 PARK AVENUE SUITE 4	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID C 157361		6. Annual Report must be signed.* Signature: Teresa Berrett Name (type or print): Teresa Berrett					
		Date: 11/02/2016 Title: Office Manager					
Processed 11/02/2016		* Electronically provided signatures are accepted as original signatures.					