No. <b>W 74044</b>		Due no later than May 31, 2014		2	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			C T CORPORATION SYSTEM				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WEST VALLEY THERAPY SERVICES, LLC LEGAL DEPARTMENT ONE PARK PLAZA NASHVILLE TN 37203		_	921 S ORCHARD ST STE G BOISE ID 83705 USA  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER	WILLIAM B	RUTHERFORD	ONE PARK PLAZA		NASHVILLE	TN	USA	37203	
MANAGER JOHN M FR		ANCK II	ONE PARK PLAZA		NASHVILLE	TN	USA	37203	
MANAGER	DONALD W	STINNETT	ONE PARK PLAZA		NASHVILLE	TN	USA	37203	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 74044		Signature: John M. Franck II			Date: 04/21/2014				
		Name (type or print): John M. Franck II			Title: Manager				
Processed 04/21/2014	-	* Electronically prov	rided signatures are accepted as origin	al signa	tures.			-	