

No. C 178999		Due no later than Jun 30, 2017 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. ACE THERAPY, CHTD. GAYLE N. MCCAMPBELL 3 NICOLLE LANE SALMON ID 83467		GAYLE MCCAMPBELL 3 NICOLLE LANE SALMON ID 83467			
						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	DAVID M. MCCAMPBELL	3 NICOLLE LANE	SALMON	ID	USA	83467-8346	
PRESIDENT	GAYLE N MCCAMPBELL	3 NICOLLE LANE	SALMON	ID	USA	83467-8346	
5. Organized Under the Laws of: ID C 178999		6. Annual Report must be signed.* Signature: Gayle McCampbell Name (type or print): Gayle McCampbell					
Processed 05/03/2017		Date: 05/03/2017 Title: President * Electronically provided signatures are accepted as original signatures.					