No. C 142570		Due no later than Feb 28, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY AND CHILDREN'S THERAPY SERVICES, P.A. MARLANE GARNER 283 S. RIVER VIEW HEIGHTS RUPERT ID 83350 USA		2. Registered	Registered Agent and Address (NO PO BOX) MARLANE GARNER 283 S. RIVER VIEW HEIGHTS RUPERT ID 83350			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter	Names and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR PRESIDENT SECRETARY	MAX W GARNER MARLANE GARNER SAMUEL L. GARNER		283 S. RIVER VIEW HEIGHTS 283 S. RIVER VIEW HEIGHTS 173 EAST 275 LANE SOUTH	RUPERT RUPERT RUPERT	ID ID ID	USA USA USA	83350 83350 83350-9376	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ma		Date: 12/13/2013				
C 142570		Name (type or		Title: President				
Processed 12/13/2013		* Electronically pr	ovided signatures are accepted as original s	signatures.				