

No. <b>W 72466</b>		<b>Due no later than Mar 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		AMANDA FAYE ECK 2175 N 45TH E IDAHO FALLS 83401			
		<b>1. Mailing Address: Correct in this box if needed.</b> PROGRESSIVE THERAPY SERVICES, PLLC AMANDA FAYE ECK 2175 N 45TH E IDAHO FALLS ID 83401 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	AMANDA FAYE ECK	2175 N 45TH E	IDAHO FALLS	ID		83401	
MEMBER	CODY ECK	2175 N. 45TH E.	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 72466</b>		Signature: Amanda Faye Eck			Date: 04/15/2015		
		Name (type or print): Amanda Faye Eck			Title: Manager		
Processed 04/15/2015		* Electronically provided signatures are accepted as original signatures.					