

No. C 171727	Due no later than Feb 28, 2010 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. S AND L THERAPY INCORPORATED NIKKI L BENTZ 4281 S VARIAN AVE BOISE ID 83709	NIKKI KERNS BENTZ 4281 S VARIAN AVE BOISE ID 83709 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
DIRECTOR	NIKKI L BENTZ	4281 S VARIAN AVE	BOISE	ID	USA	83709
TREASURER	NIKKI L BENTZ	4281 S VARIAN AVE	BOISE	ID	USA	83709
SECRETARY	CASEY BENTZ	4281 S VARIAN AVE	BOISE	ID	USA	83709
PRESIDENT	NIKKI L BENTZ	4281 S VARIAN AVE	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID C 171727	6. Annual Report must be signed.* Signature: Nikki Bentz Name (type or print): Nikki Bentz		Date: 02/07/2010 Title: Director			
Processed 02/07/2010		* Electronically provided signatures are accepted as original signatures.				