

No. W 20563

Due no later than September 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

HEALTHY PROGRESSION OF TWIN FALLS,
451 EASTLAND DR STE 7
TWIN FALLS, ID 83301

SCOTT M THOMPSON
451 EASTLAND DR STE 7
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Scott Thompson	674 Carriage Ln N	Twin Falls	ID	83301
"	Tedi Thompson	" "	" "	"	"

5. Organized Under the Laws of:
IDAHO

6. Signature Tedi Thompson Date 7.24.08