

No. W 22687		Due no later than Feb 29, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. THERAPIST SOLUTIONS LLC SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714		SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714	
				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	SALLY GUASPARI	5355 N LIVERPOOL AVE	BOISE	ID	83714
5. Organized Under the Laws of: ID W 22687		6. Annual Report must be signed.* Signature: Sally Guaspari Name (type or print): Sally Guaspari Date: 04/04/2016 Title: Manager			
Processed 04/04/2016		* Electronically provided signatures are accepted as original signatures.			