No. <b>W 47884</b>		Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ENTITY SERVICES INC			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  P & H ENTERPRISES, LLC  PB THERAPY SERVICES INC  2976 E STATE ST #120  PMB #155		1101 W RIVER ST STE 340 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		EAGLE ID 83616-6228					
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 PB THERAPY		SERVICES INC	2967 E STATE ST #120 PMB #155	EAGLE	ID	USA	83616-6228
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 47884		Signature: Harvey D Babendure		Date: 02/09/2014			
		Name (type or print): Harvey D Babendure		Title: President PB Therapy Services			
Processed 02/09/2014 * Electronically provided signatures are accepted as original signatures.							