

No. C 152964	Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL SPERO 8390 WINCHESTER CIRCLE BOISE ID 83704				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. THERAPY EXPRESS PA 8390 WINCHESTER CIRCLE BOISE ID 83704		3. <u>New</u> Registered Agent Signature.				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.							
	Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	President	Michael Spero	8390 Winchester	Boise	ID	Adm	83704
	Vice Pres	Melissa Spero	8390 Winchester	Boise	ID	Adm	83704
5. Organized Under the Laws of:  IDAHO C 152964		6. Signature:  Name (type or print): Michael Spero		Date: 2/28/18 Title: President			
Issued 02/28/2018 by TLB				106814			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**