No. <b>W 65290</b>		Due no later than Aug 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			GREGORY LARSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MOSCOW PULLMAN THERAPY LLC GREGORY T LARSON 3971 DARBY RD MOSCOW ID 83843		MOSCOW	3971 DARBY RD MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	GREGORY L	ARSON	3971 DARBY RD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 65290		Signature: Gregory Larson			Date: 07/25/2010			
		Name (type or		Title: Member				
Processed 07/25/2010 * Electronically provided signatures are accepted as original signatures.								