No. **W 105964**	**Due no later than Aug 31, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** INTERMOUNTAIN THERAPEUTIC SERVICES LLC JENNIFER A COUGHLIN-JONES 11099 SENECA DR BOISE ID 83709	JENNIFER COUGHLIN-JONES 11099 SENECA DR BOISE ID 83709 3. New 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	JENNIFER A COUGHLIN-JONES	11099 SENECA DRIVE	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 105964**	Signature: Jennifer Coughlin-Jones	Date: 09/14/2012
	Name (type or print): Jennifer Coughlin-Jones	Title: Owner/pres

Processed 09/14/2012

* Electronically provided signatures are accepted as original signatures.