

No. C 165319		Due no later than Feb 29, 2016 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. PB THERAPY SERVICES, INC. HARVEY D BABENDURE 2976 E STATE ST #120 PMB #155 EAGLE ID 83616-6228 USA		ENTITY SERVICES INC 1101 W RIVER ST #340 BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PATRICIA L BABENDURE	2976 E STATE ST #120 PMB 155	EAGLE	ID	USA	83616-6228	
DIRECTOR	HARVEY D BABENDURE	2976 E STATE ST #120 PMB 155	EAGLE	ID	USA	83616-6228	
TREASURER	HARVEY D BABENDURE	2976 E STATE ST #120 PMB 155	EAGLE	ID	USA	83616-6228	
SECRETARY	PATRICIA L BABENDURE	2976 E STATE ST #120 PMB 155	EAGLE	ID	USA	83616-6228	
PRESIDENT	HARVEY D BABENDURE	2976 E STATE ST #120 PMB 155	EAGLE	ID	USA	83616-6228	
DIRECTOR	KASSANDRA R BABENDURE	2976 E STATE ST #120 PMB 155	EAGLE	ID	USA	83616-6228	
5. Organized Under the Laws of: ID C 165319		6. Annual Report must be signed.* Signature: Harvey D Babendure Name (type or print): Harvey D Babendure					
		Date: 02/14/2016 Title: President					
Processed 02/14/2016		* Electronically provided signatures are accepted as original signatures.					