No. C 171727		Due no later than Feb 28, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. S AND L THERAPY INCORPORATED NIKKI L BENTZ 4281 S VARIAN AVE BOISE ID 83709		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				NIKKI KERNS BENTZ 4281 S VARIAN AVE BOISE ID 83709 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busine	ess Addresses of President, Secretary, and Direct	ors. Treasurer	(optional).			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
DIRECTOR	NIKKI L BEN	ΓZ 4281 S VARIAN AVE		BOISE	ID	USA	83709
TREASURER	NIKKI L BEN	ΓZ 4281 S VARIAN AVE		BOISE	ID	USA	83709
SECRETARY	CASEY BENT	Z 4281 S VARIAN AVE		BOISE	ID	USA	83709
PRESIDENT	NIKKI L BEN	TZ 4281 S VARIAN AVE		BOISE	ID	USA	83709
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 171727		Signature: Nikki Bentz		Date: 01/09/2011			
		Name (type or print): Nikki Bentz		Title: Director			
Processed 01/09/2011 * Electronically provided signatures are accepted as original signatures.							