

No. C 170767		Due no later than Jan 31, 2010		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. PEDIATRIC THERAPY SPECIALTIES P.C. MAUREEN ANN PAGE 13121 N LOOKOUT CIR BOISE ID 83714 USA		MAUREEN ANN PAGE 13121 N LOOKOUT CIR BOISE ID 83714					
				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			
PRESIDENT	MAUREEN ANN PAGE	13121 N LOOKOUT CIRCLE	BOISE	ID	USA	83714			
5. Organized Under the Laws of: ID C 170767		6. Annual Report must be signed.* Signature: Maureen Ann Page Name (type or print): Maureen Ann Page							
		Date: 02/03/2010 Title: President							
Processed 02/03/2010		* Electronically provided signatures are accepted as original signatures.							