

No. <b>W 73446</b>		<b>Due no later than Apr 30, 2014</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  GEARHART THERAPY SERVICES PLLC CARISA A GEARHART 3175 GOLDFIELD DR POCA TELLO ID 83201 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA			
				3. <u>New</u> 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	CARISA ANN GEARHART	3175 GOLDFIELD DR	POCA TELLO	ID	USA	83201	
MANAGER	STACE GEARHART	3175 GOLDFIELD DR	POCA TELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID W 73446</b>		6. Annual Report must be signed.* Signature: Carisa A. Gearhart Name (type or print): Carisa A. Gearhart					
		Date: 02/10/2014 Title: Manager					
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.					