No. C 155873

Due no later than August 3rd, 2005

Annual Report Form

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 applicable

THERAPY FOR LIFE, P.A.
PO BOX 354
IONA, ID 83427

2. Registered Agent and Office **NO PO BOX**

BRAD ARCHIBALD
4893 E CAMAS CREEK CIRCLE
IONA, ID 83427

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President & Owner	Brad Archibald	P.O. Box 354	Iona	ID	83427

5. Organized Under the Laws of:
IDAHO
C 155873

6.
Signature Brad Archibald Date 6-6-05
Name (Typed or Printed) Brad Archibald Title President / Owner

200508003429

Issued 06/01/2005

Do Not Tape or Staple