

No. W 58001

Due no later than January 31, 2009
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PRIMARY THERAPY SOURCE, LLC
JAN YINGST
4135 N CREEKVIEW DR
TWIN FALLS, ID 83301JAN YINGST
4135 N CREEKVIEW DR
TWIN FALLS, ID 83301NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Jan Yingst	4135 Creekview Dr	Twin Falls,	ID	83301

5. Organized Under the Laws of:

IDAHO
W 58001

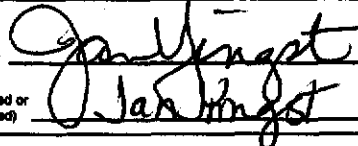
6.

Signature

Name (Typed or Printed)

Date

Title


Jan Yingst

12/5/08

Manager

Issued 11/05/2008

Do Not Tape or Staple

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