

| No. C 119167 | Due no later than April 30, 2008 | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | |
|---|---|------------------------|--|-------------|-------|------------------------|------|-------|-----|--|------------------------------------|--------------------|----------|----|-------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | Annual Report Form | | | | | | | | | | | | | | |
| | 1. Mailing Address - Correct in this box, if applicable THERAPY SOLUTIONS, P.C. DANA ZEIMANTZ 5461 W ANTLE ROAD RATHDRUM, ID 83858 USA | | MICHAEL ZEIMANTZ 5461 W ANTLE ROAD RATHDRUM, ID 83858 3. New Registered Agent Signature | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>President, Michael R. Zeimentz, Jr</td> <td>5461 W. Antler Rd,</td> <td>Rathdrum</td> <td>ID</td> <td>83858</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | | President, Michael R. Zeimentz, Jr | 5461 W. Antler Rd, | Rathdrum | ID | 83858 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | |
| | President, Michael R. Zeimentz, Jr | 5461 W. Antler Rd, | Rathdrum | ID | 83858 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 119167 | 6. Signature <u>ML Zeimentz Jr.</u> Date <u>2-19-08</u> Name (Typed or Printed) <u>Michael R. Zeimentz</u> Title <u>Pres.</u> | | | | | | | | | | | | | | |

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