

No. W 66880		Due no later than Sep 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADVANCED THERAPY CARE PLLC RACHELLE RUFFING 5850 SOUTH 18TH EAST MOUNTAIN HOME ID 83647		RACHELLE O RUFFING 5850 SOUTH 18TH EAST MOUNTAIN HOME ID 83647	
				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	RACHELLE O RUFFING	5850 SOUTH 18TH EAST	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of: ID W 66880		6. Annual Report must be signed.* Signature: Rachelle Ruffing Name (type or print): Rachelle Ruffing Date: 07/22/2014 Title: Owner			
Processed 07/22/2014		* Electronically provided signatures are accepted as original signatures.			