No. W 81468		Due no later than Feb 28, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO THERAPY SOURCE, PLLC CHRISTINE M DICKENS 16171 N. BRINSON ST. NAMPA ID 83687-5509			CHRISTINE M DICKENS 16171 N BRINSON ST NAMPA ID 83687-5509 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				NAMPA ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHRISTINE	M DICKENS	16171 N BRINSON ST	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Christine Dickens			Date: 01/13/2017			
W 81468		Name (type or		Title: Member				
Processed 01/13/2017 * Electronically provided signatures are accepted as original signatures.								