No. **C 135174**	**Due no later than Aug 31, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PEAKS TO PLAINS THERAPY SERVICES, P.A. BRIAN LANE OLSON 3750 FOUNDERS POINTE DRIVE IDAHO FALLS ID 83406 USA	BRIAN LANE OLSON 3750 FOUNDERS POINTE DRIVE IDAHO FALLS ID 83406 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	BRIAN L OLSON	3750 FOUNDERS POINTE DRIVE	IDAHO FALLS	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 135174**	Signature: Brian Olson	Date: 06/15/2011
	Name (type or print): Brian Olson	Title: President

Processed 06/15/2011

* Electronically provided signatures are accepted as original signatures.