No. **C 126174**	**Due no later than Oct 31, 2013** **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.** DONNA ALFS THERAPY SERVICES, INC. DONNA S. ALFS PO BOX 850 KETCHUM ID 83340	DONNA ALFS 191 N HULEN WAY KETCHUM ID 83340 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
SECRETARY	BILL FOWLER	P.O. BOX 1455	KETCHUM	ID	USA	83340
PRESIDENT	DONNA ALFS	P.O. BOX 850	KETCHUM	ID	USA	83340

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 126174**	Signature: Donna Alfs Name (type or print): Donna Alfs	Date: 11/05/2013 Title: President

Processed 11/05/2013

* Electronically provided signatures are accepted as original signatures.