

No. C 90300		Due no later than Sep 30, 2010		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. THERAPUTIC MANAGEMENT, INC., CHARTERED DAVID L. ANDERSEN 363 TYRA DR IDAHO FALLS ID 83401-4437		DAVID L ANDERSEN 363 TYRA DR IDAHO FALLS ID 83401-4437					
				3. <u>New</u> 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	DAVID L. ANDERSEN	363 TYRA DRIVE	IDAHO FALLS	ID	USA	83401-4437			
SECRETARY	SUSAN A. ANDERSEN	363 TYRA DRIVE	IDAHO FALLS	ID	USA	83401-4437			
DIRECTOR	DAVID L. ANDERSEN	363 TYRA DRIVE	IDAHO FALLS	ID	USA	83401-4437			
5. Organized Under the Laws of: ID C 90300		6. Annual Report must be signed.* Signature: David L. ANDERSEN Name (type or print): David L. ANDERSEN							
		Date: 09/20/2010 Title: President							
Processed 09/20/2010		* Electronically provided signatures are accepted as original signatures.							