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|--|----------------|---|------------|--|----------------------|-------------|--|
| No. C 118036 | | Due no later than Jan 31, 2010 | | 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 | | NANCY HARRIS 113 EAST AVE F JEROME ID 83338 | | | |
| | | 1. Mailing Address: Correct in this box if needed. VALLEY THERAPY SERVICES, INC. NANCY L HARRIS 113 EAST AVE F JEROME ID 83338-3132 USA | | 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 | NANCY L HARRIS | 30 SOUTH 350 WEST | JEROME | ID | USA | 83338 | |
| SECRETARY | PAM PRATT | 443 BLUEBELL AVE | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 118036 | | Signature: Pam Pratt | | | Date: 11/13/2009 | | |
| | | Name (type or print): Pam Pratt | | | Title: Sec/treasurer | | |
| Processed 11/13/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |