

No. W 22687		Due no later than Feb 28, 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		1. Mailing Address: Correct in this box if needed. THERAPIST SOLUTIONS LLC SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714		SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SALLY GUASPARI	Street or PO Address 5355 N LIVERPOOL AVE		City BOISE	State ID	Country USA	Postal Code 83714
5. Organized Under the Laws of: ID W 22687		6. Annual Report must be signed.* Signature: Sally Guaspari Name (type or print): Sally Guaspari Date: 03/06/2010 Title: President					
Processed 03/06/2010 * Electronically provided signatures are accepted as original signatures.							