

No. <b>W 22687</b>		<b>Due no later than Feb 28, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> THERAPIST SOLUTIONS LLC SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714		SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SALLY GUASPARI	5355 N LIVERPOOL AVE	BOISE	ID	USA	83714	
5. Organized Under the Laws of:  <b>ID W 22687</b>		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.					