No. C 186751		Annual Report Form 1. Mailing Address: Correct in this box if needed. BRIDGES THERAPEUTIC SERVICE, INC. ANGELA JOHNSON 1519 W FLORIDA AVE		2. Registered Agent and Address (NO PO BOX)			
Return to:				LAFONDA MERRICK 100 MCCLURE AVE STE A NAMPA ID 83651			
SECRETARY OF STATE	1. Mailing						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ANGELA JO			IVAPITA ID 03031			
	NAMPA ID			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT ANGELA JOHNSON		1519 W. FLORIDA AVE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Angela Johnson			Date: 03/07/2011			
C 186751	Name (type	e or print): Angela Johnson		Title: President			
Processed 03/07/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					