No. C 152447			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 1. Mailing Address: Correct in this box if needed. TERRY THERAPY SERVICES, INC. CHELLIE TERRY 1422 E. STATE ST. BOISE ID 83712 USA		CHELLIE TERRY 1422 E. STATE ST. BOISE ID 83712 3. New Registered Agent Signature:*			
		TERRY T CHELLIE 1422 E. S						
		USA						
20000 000 00	er Names and Bu	isiness Address	es of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CHELLIE	TERRY	1422 E. STATE ST.	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual F	6. Annual Report must be signed.*					
ID C 152447		Signatur	Signature: Chellie Terry		Date: 03/16/2010			
		Name (t	Name (type or print): Chellie Terry		Title: President			
Processed 03/16/20	10	* Electronic	ally provided signatures are accepted as origina	l signatures.			_	