

No. W 58001		Due no later than Jan 31, 2014		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		1. Mailing Address: Correct in this box if needed. PRIMARY THERAPY SOURCE, LLC JAN YINGST 4135 N CREEKVIEW DR TWIN FALLS ID 83301 USA		JAN YINGST 4135 N CREEKVIEW DR TWIN FALLS ID 83301			
				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	JAN YINGST	4135 N CREEKVIEW DR	TWIN FALLS	ID	USA	83301	
MEMBER	TERESA PRINE	647 MEGAN COURT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 58001		6. Annual Report must be signed.* Signature: Jan Yingst Name (type or print): Jan Yingst					
		Date: 12/14/2013 Title: Manager					
Processed 12/14/2013		* Electronically provided signatures are accepted as original signatures.					