No. **W 22687**	**Due no later than Feb 28, 2011**	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.** THERAPIST SOLUTIONS LLC SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714	SALLY GUASPARI 5355 N LIVERPOOL AVE BOISE ID 83714 3. New 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:	6. Annual Report must be signed.*	
ID **W 22687**	Signature: Sally Guaspari	Date: 03/03/2011
	Name (type or print): Sally Guaspari	Title: Manager

Processed 03/03/2011

* Electronically provided signatures are accepted as original signatures.