

No. W 124727		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. INSIGHT OCCUPATIONAL THERAPY, LLC JILL A SCHUETTE 158 N MAIN ST POCATELLO ID 83204		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JILL SCHUETTE	Street or PO Address 4057 N LOWER RD		City POCATELLO	State ID	Country USA	Postal Code 83204
5. Organized Under the Laws of: ID W 124727		6. Annual Report must be signed.* Signature: Jill Schuette Name (type or print): Jill Schuette Date: 02/12/2014 Title: Owner					
Processed 02/12/2014 * Electronically provided signatures are accepted as original signatures.							