

No. W 104954	Due no later than Jul 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GENERATIONS OCCUPATIONAL THERAPY, PLLC LISA BAXTER HONG 694 MELROSE DR IDAHO FALLS ID 83401		LISA BAXTER HONG 694 MELROSE DR IDAHO FALLS ID 83401			
			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
MEMBER	LISA HONG	694 MELROSE DR	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 104954		6. Annual Report must be signed.* Signature: Lisa Hong Name (type or print): Lisa Hong Date: 08/09/2016 Title: owner				
Processed 08/09/2016		* Electronically provided signatures are accepted as original signatures.				