

No. W 99485		Due no later than Jan 31, 2016		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. HALE THERAPY SERVICES, LLC KRISTA J HALE 1045 HOMERUN ST CHUBBUCK ID 83202		KRISTA JEAN HALE 1045 HOMERUN ST CHUBBUCK ID 83202			
				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	ADAM M HALE	1045 HOMERUN ST.	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of: ID W 99485		6. Annual Report must be signed.* Signature: Krista Jean Hale Name (type or print): Krista Jean Hale Date: 11/19/2015 Title: Owner					
Processed 11/19/2015		* Electronically provided signatures are accepted as original signatures.					