

No. W 146868	Due no later than Jan 31, 2018 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. KOKUA REHABILITATION, PLLC TIA MELANI BURNS 882 WINGATE DR POCATELLO ID 83201		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702				
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 TIA BURNS	Street or PO Address 882 WINGATE DRIVE	City POCATELLO	State ID	Country USA	Postal Code 83201	
5. Organized Under the Laws of: ID W 146868	6. Annual Report must be signed.* Signature: Tia Burns Name (type or print): Tia Burns						Date: 12/04/2017 Title: Owner
Processed 12/04/2017	* Electronically provided signatures are accepted as original signatures.						