

No. <b>W 129663</b>		<b>Due no later than Sep 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ADVENTURE PLAY THERAPY CENTER PLLC LORI Fairgrieve 623 S. UNIVERSITY BLVD. NAMPA ID 83686		LORI A FAIRGRIEVE 4681 N HIGH PRAIRIE PL STAR ID 83669-8366			
				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	LORI ANN FAIRGRIEVE	4681 N. HIGH PRAIRIE PL	STAR	ID	USA	83669-8366	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 129663</b>		Signature: Lori A. Fairgrieve				Date: 08/31/2017	
		Name (type or print): Lori A. Fairgrieve				Title: Director	
Processed 08/31/2017		* Electronically provided signatures are accepted as original signatures.					