

No. W 75003		Due no later than Jun 30, 2015 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. PERIWINKLE CHILDREN'S THERAPY LLC MICHELLE COPPESS 1397 BIZTOWN LP HAYDEN ID 83835		MICHELLE COPPESS 1397 BIZTOWN LP HAYDEN ID 83835			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MICHELLE COPPESS	5871 N COLFAX ST	DALTON	ID	83815		
MEMBER	CHRISTY ADAMS	9109 N TORREY LN	GARDENS	ID	83835		
5. Organized Under the Laws of: ID W 75003		6. Annual Report must be signed.* Signature: Michelle C Coppess Name (type or print): Michelle C Coppess					
		Date: 04/21/2015 Title: Owner					
Processed 04/21/2015 * Electronically provided signatures are accepted as original signatures.							