

No. W 188596		Due no later than Sep 30, 2018		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. KAUAI-IN-HOME THERAPY, LLC MELINDA MURRAY 30544 HWY 200 PONDERAY ID 83852 USA		MELINDA MURRAY 815 OAK STREET SANDPOINT ID 83864-9674			
				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	MELINDA MURRAY	815 OAK ST	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: HI W 188596		6. Annual Report must be signed.* Signature: MELINDA MURRAY Name (type or print): MELINDA MURRAY				Date: 08/03/2018 Title: owner	
Processed 08/03/2018		* Electronically provided signatures are accepted as original signatures.					