

No. W 164418		Due no later than Mar 31, 2017 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. IMAGINE PEDIATRIC THERAPY WORLD LLC 3070 12TH AVE RD STE 112 NAMPA ID 83686		A & R CASE MANAGEMENT INC 3070 12TH AVE RD STE 112 NAMPA ID 83686			
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	JOANNE ANDERSON	1301 E. LOCUST LANE	NAMPA	ID	USA	83686	
MEMBER	LORI RAINBOTH-OWEN	6551 VICTORY LANE	MELBA	ID	USA	83641	
MANAGER	SHAUNI HOLCOMB	8122 BENNETT	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 164418		6. Annual Report must be signed.* Signature: Joanne Anderson Name (type or print): Joanne Anderson Date: 03/28/2017 Title: Administrator					
Processed 03/28/2017 * Electronically provided signatures are accepted as original signatures.							