

No. W 36103	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office 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 applicable SIMPSON PEDIATRIC THERAPY, PLLC 1450 E WATERTOWER STE 130 MERIDIAN, ID 83642 <i>1045 So. Ancona Ave, Ste 150 Eagle, ID 83616</i>		KATHERINE A SIMPSON 1450 E WATERTOWER STE 130 MERIDIAN, ID 83642 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th data-bbox="345 412 487 438"><u>Office held</u></th> <th data-bbox="530 412 607 438"><u>Name</u></th> <th data-bbox="803 412 1054 438"><u>Street or P.O. Address</u></th> <th data-bbox="1316 412 1371 438"><u>City</u></th> <th data-bbox="1513 412 1589 438"><u>State</u></th> <th data-bbox="1688 412 1742 438"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="334 448 487 531"><i>Manager</i></td> <td data-bbox="530 448 945 531"><i>Katherine Simpson</i></td> <td data-bbox="978 448 1393 531"><i>1045 So. Ancona Ave</i></td> <td data-bbox="1415 448 1600 531"><i>Eagle</i></td> <td data-bbox="1622 448 1644 531"><i>ID</i></td> <td data-bbox="1622 448 1753 531"><i>83616</i></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>Manager</i>	<i>Katherine Simpson</i>	<i>1045 So. Ancona Ave</i>	<i>Eagle</i>	<i>ID</i>	<i>83616</i>
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5. Organized Under the Laws of: IDAHO W 36103	6. Signature <i>Katherine Simpson</i> Date <i>11/14/05</i> Name (Typed or Printed) <i>Katherine Simpson</i> Title <i>Manager</i>														