

No. W 58332

Due no later than January 31, 2009  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WASSINK THERAPY LLC  
3204 N 12TH  
COEUR D ALENE, ID 83815KIMBERLEE WASSINK  
3204 N 12TH  
COEUR D ALENE, ID 83815NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member	Kimberlee Wassink	3204 N 12th	Coeur d'Alene	ID	83815
member	Troy Wassink	3204 N 12th	Coeur d'Alene	ID	83815

5. Organized Under the Laws of:

IDAHO  
W 58332

6.

Signature

Kimberlee Wassink Date 1/13/09

Name (Typed or Printed)

Kimberlee Wassink

Title

Member