

No. **W 53775**

**Due no later than August 31, 2008**  
**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

**SENSORY SOLUTIONS, PLLC**  
**ANGIE VOSS**  
**3182 S. ~~ROCKERY~~ LANE **ROOKERY****  
**BOISE, ID 83706**

**ANGIE VOSS**  
**3182 S ~~ROCKERY~~ LANE **ROOKERY****  
**BOISE, ID 83706**

**NO FILING FEE IF**  
**RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

Owner **Angie Voss** **3182 S. Rookery Lane** **Boise** **ID** **83706**

5. Organized Under the Laws of:

**IDAHO**  
**W 53775**

6.

Signature

Date

Name (Typed or Printed)

Title

*Angie Voss*  
**Angie Voss**  
**owner**

**6/23/08**

Issued 06/02/2008

**Do Not Tape or Staple**

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