No. **W 64871**	**Due no later than Jul 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CAMP HIPPO PEDIATRIC THERAPY LLC KRIS JAQUES 7 N 600 W BLACKFOOT ID 83221	BETTY CHRISTINA JAQUES 7 N 600 W BLACKFOOT ID 83221 3. New 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	BETTY C JAQUES	7 N 600 W	BLACKFOOT	ID		83221
MEMBER	RODERICK L JAQUES	7 N. 600 W.	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 64871**	Signature: Betty Jaques	Date: 05/23/2017
	Name (type or print): Betty Jaques	Title: owner

Processed 05/23/2017

* Electronically provided signatures are accepted as original signatures.