

No. W 75003		Due no later than Jun 30, 2009		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		Annual Report Form		MICHELLE COPPESS 1401 BIZTOWN LP HAYDEN ID 83835			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		PERIWINKLE CHILDREN'S THERAPY LLC MICHELLE COPPESS 1401 BIZTOWN LP HAYDEN ID 83835					
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	MICHELLE COPPESS	5871 N COLFAX ST	DALTON GARDENS	ID	USA	83815	
MEMBER	CHRISTY ADAMS	9109 N TORREY LN	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 75003		Signature: Michelle Coppess			Date: 06/11/2009		
		Name (type or print): Michelle Coppess			Title: Member		
Processed 06/11/2009		* Electronically provided signatures are accepted as original signatures.					