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|--|-----------------|---|----------|---|---------|-------------------|--|
| No. W 169779 | | Due no later than Jul 31, 2017 | | 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 1. Mailing Address: Correct in this box if needed. HAND CRAFTED THERAPY, LLC LAUREN S GRAYBILL PO SANDPOINT ID 83864-0904 | | LAUREN SUE GRAYBILL 240 HANFORD DRIVE SAGLE ID 83860-0904 | | | |
| | | | | 3. <u>New</u> 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 | BRUCE W EDWARDS | 1396 MADISON AVE | LOVELAND | CO | USA | 80537 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 169779 | | Signature: Lauren S Graybill | | | | Date: 06/01/2017 | |
| | | Name (type or print): Lauren S Graybill | | | | Title: OTR/I, CLT | |
| Processed 06/01/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |