

No. <b>C 181401</b>		<b>Due no later than Jan 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		S MARY QUINN HURST 1218 N DIVISION STE 102 SANDPOINT ID 83864			
		<b>1. Mailing Address: Correct in this box if needed.</b> FAMILY CENTER FOR OCCUPATIONAL THERAPY, INC. SUSAN M QUINN-HURST PO BOX 2546 SANDPOINT ID 83864 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	JONATHAN L QUINN-HURST	BOX 1094	PRIEST RIVER	ID	USA	83856	
PRESIDENT	SUSAN MARY QUINN-HURST	BOX 1094	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 181401</b>		Signature: susan quinnhurst				Date: 11/23/2014	
		Name (type or print): susan quinnhurst				Title: OTR/L	
Processed 11/23/2014		* Electronically provided signatures are accepted as original signatures.					