No. **W 15371**	**Due no later than May 31, 2016** **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.** FOUNDATIONS PEDIATRIC THERAPY CENTER, PLLC TIFFANY POLLOCK 11536 W PRISTINEBROOK DR STAR ID 83669	ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 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
MANAGER	TIFFANY POLLOCK	11536 W PRISRINEBROOK DR	STAR	ID	USA	83669

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 15371**	Signature: Tiffany Pollock	Date: 05/26/2016
	Name (type or print): Tiffany Pollock	Title: Manager

Processed 05/26/2016

* Electronically provided signatures are accepted as original signatures.