

No. W 109581	Due no later than Dec 31, 2013 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.		ROBERT B ADAMS 12072 MCMILLAN RD BOISE ID 83713			
	IDAHO PEDIATRIC THERAPY CLINIC, PLLC ROBERT B ADAMS 12072 MCMILLAN RD BOISE ID 83713		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	ROBERT B ADAMS	12072 MCMILLAN RD	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID W 109581		6. Annual Report must be signed.* Signature: Robert Adams Name (type or print): Robert Adams Date: 10/21/2013 Title: Member				
Processed 10/21/2013		* Electronically provided signatures are accepted as original signatures.				