

No. <b>W 109581</b>		<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  IDAHO PEDIATRIC THERAPY CLINIC, PLLC SAMANTHA HAMILTON 13895 W. WAINWRIGHT DR BOISE ID 83713		ROBERT B ADAMS 12072 MCMILLAN RD BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 W MCMILLAN RD	BOISE	ID	USA	83713	
MEMBER	SAMANTHA HAMILTON	13895 W. WAINWRIGHT DR	BOISE	ID	USA	83713	
5. Organized Under the Laws of:  <b>ID</b> <b>W 109581</b>		6. Annual Report must be signed.*  Signature: Jennifer Longoria Name (type or print): Jennifer Longoria					
		Date: 11/14/2017 Title: Office Manager					
Processed 11/14/2017		* Electronically provided signatures are accepted as original signatures.					