

No. W 164051		Due no later than Mar 31, 2017 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		1. Mailing Address: Correct in this box if needed. MINI MILESTONES PEDIATRIC THERAPIES PLLC LISA HAMILTON 3090 N BLUE SPRINGS AVE BOISE ID 83646		LISA HAMILTON 3090 N BLUE SPRINGS AVE BOISE ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LISA HAMILTON	Street or PO Address 3090 N BLUE SPRINGS AVE		City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of: ID W 164051		6. Annual Report must be signed.* Signature: Lisa Hamilton Name (type or print): Lisa Hamilton Date: 02/10/2017 Title: Managing Member					
Processed 02/10/2017 * Electronically provided signatures are accepted as original signatures.							