

No. W 143235	Due no later than Oct 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		KARLEE MOEAI 1065 POCATELLO ID 83201-8320			
	MOEAI THERAPY SERVICES, LLC KARLEE MOEAI 1065 DOLOSTONE DR POCATELLO ID 83201 USA		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
MANAGER	KARLEE MOEAI	1	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 143235		6. Annual Report must be signed.* Signature: Karlee Moeai Name (type or print): Karlee Moeai Date: 01/16/2018 Title: occupational therapist				
Processed 01/16/2018		* Electronically provided signatures are accepted as original signatures.				