

No. C 181401		Due no later than Jan 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. FAMILY CENTER FOR OCCUPATIONAL THERAPY, INC. SUSAN M QUINN-HURST PO BOX 2546 SANDPOINT ID 83864		S MARY QUINN HURST 1218 N DIVISION STE 102 SANDPOINT ID 83864				
						3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).								
Office Held	Name	Street or PO Address	City	State	Country	Postal Code		
SECRETARY	JONATHAN L QUINN-HURST	BOX 1094	PRIEST RIVER	ID	USA	83856		
PRESIDENT	SUSAN MARY QUINN-HURST	BOX 1094	PRIEST RIVER	ID	USA	83856		
5. Organized Under the Laws of: ID C 181401		6. Annual Report must be signed.* Signature: Susan Mary Quinn-Hurst Name (type or print): Susan Mary Quinn-Hurst						Date: 11/30/2015 Title: president
Processed 11/30/2015		* Electronically provided signatures are accepted as original signatures.						