Disapposit Control of Assessment III		o later than Jan 31, 2018	2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:	An	nual Report Form		S MARY QUINN HURST			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ess: Correct in this box if needed. OR OCCUPATIONAL THERAPY, INC. HURST		1218 N DIVISION STE 102 SANDPOINT ID 83864			
NO FILING FEE IF USA RECEIVED BY DUE DATE		3864	3. <u>New</u> Registere	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	
	L QUINN-HURST RY QUINN-HURST	BOX 1094 BOX 1094	PRIEST RIVER PRIEST RIVER	ID ID	USA USA	83856 83856	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		st be signed.*					
ID Signature: S Ma		Quinn-Hurst		Date: 12/17/2017			
C 181401	Name (type or print): S Mary Quinn-Hurst			Title: president			
Processed 12/17/2017	* Electronically provided signatures are accepted as original signatures.						