

No. <b>W 83994</b>		<b>Due no later than May 31, 2011</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  14 HANDS THERAPY, LLC 12565 N SCHICKS RIDGE RD BOISE ID 83714		LORI KIRK 12565 N SCHICKS RIDGE RD BOISE ID 83714			
				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	LORI J KIRK	12565 N SCHICKS RIDGE RD	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 83994</b>		Signature: Lori J Kirk				Date: 05/26/2011	
		Name (type or print): Lori J Kirk				Title: Manager	
Processed 05/26/2011		* Electronically provided signatures are accepted as original signatures.					