

No. W 106859		Due no later than Sep 30, 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. CALICO PEDIATRIC THERAPY CENTER LLC KRISTIN K NEGILSKI 4145 WILLOW CREEK EAGLE ID 83616		KRISTIN NEGILSKI 4145 WILLOW CREEK EAGLE ID 83616			
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 KRISTIN K NEGILSKI	Street or PO Address 4145 WILLOW CREEK RD		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 106859		6. Annual Report must be signed.* Signature: Kristin K Negilski Name (type or print): Kristin K Negilski Date: 10/27/2017 Title: Member					
Processed 10/27/2017 * Electronically provided signatures are accepted as original signatures.							