

No. W 99485		Due no later than Jan 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HALE THERAPY SERVICES, LLC KRISTA J HALE 1045 HOMERUN ST CHUBBUCK ID 83202 USA		KRISTA JEAN HALE 1045 HOMERUN ST CHUBBUCK ID 83202	
				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	ADAM M HALE	1045 HOMERUN ST.	CHUBBUCK	ID	USA 83202
5. Organized Under the Laws of: ID W 99485		6. Annual Report must be signed.* Signature: Krista Hale Name (type or print): Krista Hale Date: 11/17/2013 Title: Speech-Language Pathologist			
Processed 11/17/2013		* Electronically provided signatures are accepted as original signatures.			