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|--|---------------------|--|-------|---|---------|-------------|--|
| No. W 93082 | | Due no later than May 31, 2016 | | 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. MUSIC THERAPY OF IDAHO, LLC STEPHANIE L LEAVELL P.O. BOX 8506 BOISE ID 83707 | | STEPHANIE L JOHNSON 5461 N HICKORY BURR PL BOISE ID 83713 | | | |
| | | | | 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 | STEPHANIE E LEAVELL | 5461 N HICKORY BURR PL | BOISE | ID | USA | 83713 | |
| MANAGER | KERRY E LEAVELL | P.O. BOX 8506 | BOISE | ID | USA | 83707-1031 | |
| 5. Organized Under the Laws of: ID W 93082 | | 6. Annual Report must be signed.* Signature: Stephanie Leavell Name (type or print): Stephanie Leavell | | | | | |
| | | Date: 05/24/2016 Title: Member | | | | | |
| Processed 05/24/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |