

No. W 126681		Due no later than Jun 30, 2017		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. KOBETSKY THERAPY LLC ANNIE KOBETSKY PO BOX 693 DRIGGS ID 83422		ANNIE KOBETSKY 709 STREAMSIDE DRIGGS ID 83422	
				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	ANNIE CLAIRE KOBETSKY	PO BOX 693	DRIGGS	ID	USA 83422
5. Organized Under the Laws of: ID W 126681		6. Annual Report must be signed.* Signature: Annie Kobetsky Name (type or print): Annie Kobetsky Date: 08/03/2017 Title: COTA/L			
Processed 08/03/2017		* Electronically provided signatures are accepted as original signatures.			