

No. W 83994		Due no later than May 31, 2015		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. 14 HANDS THERAPY, LLC LORI J KIRK 12565 N SCHICKS RIDGE RD BOISE ID 83714 USA		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: ID W 83994		6. Annual Report must be signed.* Signature: Lori J Kirk Name (type or print): Lori J Kirk Date: 07/22/2015 Title:					
Processed 07/22/2015		* Electronically provided signatures are accepted as original signatures.					