No. **W 94734**	**Due no later than Jul 31, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KITE'S OCCUPATIONAL THERAPY SERVICES, LLC ATTN HEATHER A KITE 0226 23RD ST LEWISTON ID 83501 USA	HEATHER A KITE 0226 23RD ST LEWISTON ID 83501 3. New 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	HEATHER A KITE	0226 23RD STREET	LEWISTON	ID	USA	83501-3216

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 94734**	Signature: Heather Kite	Date: 07/14/2014
	Name (type or print): Heather Kite	Title: Owner

Processed 07/14/2014

* Electronically provided signatures are accepted as original signatures.