

No. W 94734		Due no later than Jul 31, 2012		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. KITE'S OCCUPATIONAL THERAPY SERVICES, LLC ATTN HEATHER A KITE 0226 23RD ST LEWISTON ID 83501		HEATHER A KITE 0226 23RD ST LEWISTON ID 83501	
				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	HEATHER A KITE	0226 23RD STREET	LEWISTON	ID	USA 83501-3216
5. Organized Under the Laws of: ID W 94734		6. Annual Report must be signed.* Signature: Heather Kite Name (type or print): Heather Kite Date: 07/28/2012 Title: Owner			
Processed 07/28/2012		* Electronically provided signatures are accepted as original signatures.			