

No. W 36103	Due no later than Jan 31, 2011 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. SIMPSON PEDIATRIC THERAPY, PLLC KATHERINE A SIMPSON ROWE 1045 S ANCONA AVE STE 150 EAGLE ID 83616		KATHERINE A SIMPSON 1045 S ANCONA AVE STE 150 EAGLE ID 83616			
			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
MEMBER	KATHERINE A SIMPSON ROWE	1419 E JEFFERSON	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID W 36103	6. Annual Report must be signed.* Signature: Katherine Simpson Rowe Name (type or print): Katherine Simpson Rowe		Date: 11/30/2010 Title: Member			
Processed 11/30/2010		* Electronically provided signatures are accepted as original signatures.				