

No. <b>W 75003</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PERIWINKLE CHILDREN'S THERAPY LLC MICHELLE COPPESS 917 W CANFIELD AVENUE COEUR DALENE ID 83815		MICHELLE COPPESS 917 W CANFIELD AVENUE COEUR D'ALENE ID 83815			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	MICHELLE COPPESS	5871 N COLFAX ST	DALTON	ID	83815		
MEMBER	CHRISTY ADAMS	16885 WILKINSON ROAD	GARDENS	ID	83858		RATHDRUM
5. Organized Under the Laws of:  <b>ID</b> <b>W 75003</b>		6. Annual Report must be signed.*  Signature: Michelle Coppess Name (type or print): Michelle Coppess					
		Date: 04/26/2017 Title: Owner					
Processed 04/26/2017      * Electronically provided signatures are accepted as original signatures.							