

No. W 75003		Due no later than Jun 30, 2017		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. 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	
				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 GARDENS	ID	83815
MEMBER	CHRISTY ADAMS	16885 WILKINSON ROAD	RATHDRUM	ID	83858
5. Organized Under the Laws of: ID W 75003		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.			