No. <b>W 94348</b>	Due no later than Jun 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		MARIELLA L HOGAN PHD 1010 W HAYS STREET BOISE ID 83702-5435			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  MARIELLA L. HOGAN, PH.D., ATR-BC, PLLC  MARIELLA L HOGAN, PH.D.  1010 W HAYS STREET					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	BOISE ID 83702-5435		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 MARIELLA L	HOGAN 1010 W HAYS	STREET	BOISE	ID	USA	83702-5435
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Mariella L Hogan	Date: 06/19/2013				
W 94348	Name (type or print): Mariella L Hogan		Title: Owner/Manager			
Processed 06/19/2013	* Electronically provided signatures are accepted as original signatures.					