

No. W 49789		Due no later than Apr 30, 2015		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. HELPING HANDS PHYSICAL THERAPY, PLLC KATHERINE J FARMER PO BOX 741 DONNELLY ID 83615		KATHERINE J FARMER 402 OLD STATE HWY CASCADE 83611	
				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 J FARMER	PO BOX 1043	CASCADE	ID	83611
5. Organized Under the Laws of: ID W 49789		6. Annual Report must be signed.* Signature: Katherine J Farmer Name (type or print): Katherine J Farmer Date: 02/21/2015 Title: PT			
Processed 02/21/2015		* Electronically provided signatures are accepted as original signatures.			