

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 104954</b>  | <b>Due no later than Jul 31, 2018</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>GENERATIONS OCCUPATIONAL THERAPY, PLLC<br>LISA BAXTER HONG<br>694 MELROSE DR<br>IDAHO FALLS ID 83401<br>USA |   | LISA BAXTER HONG<br>694 MELROSE DR<br>IDAHO FALLS ID 83401 |       |         |             |
|  |  |   | 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   | LISA HONG  | 694 MELROSE DR  | IDAHO FALLS  | ID    | USA     | 83401       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 104954</b>  | 6. Annual Report must be signed.*<br>Signature: Lisa Hong<br>Name (type or print): Lisa Hong   |   | Date: 05/24/2018<br>Title: owner                           |       |         |             |
| Processed 05/24/2018   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |