

No. W 64871	Due no later than Jul 31, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. CAMP HIPPO PEDIATRIC THERAPY LLC KRIS JAQUES 7 N 600 W BLACKFOOT ID 83221		BETTY CHRISTINA JAQUES 7 N 600 W BLACKFOOT ID 83221 USA			
			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	BETTY C JAQUES	7 N 600 W	BLACKFOOT	ID	USA	83221
MEMBER	RODERICK L JAQUES	7 N. 600 W.	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID W 64871	6. Annual Report must be signed.* Signature: Betty Jaques Name (type or print): Betty Jaques		Date: 05/19/2009 Title: Owner			
Processed 05/19/2009		* Electronically provided signatures are accepted as original signatures.				