

No. W 36103		Due no later than Jan 31, 2010		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. SIMPSON PEDIATRIC THERAPY, PLLC KATHERINE A SIMPSON ROWE 1045 S ANCONA AVE STE 150 EAGLE ID 83616		KATHERINE A SIMPSON 1045 S ANCONA AVE STE 150 EAGLE ID 83616			
				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 A SIMPSON	1419 E JEFFERSON	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 36103		Signature: Kathleen Roma				Date: 11/10/2009	
		Name (type or print): Kathleen Roma				Title: Cpa	
Processed 11/10/2009		* Electronically provided signatures are accepted as original signatures.					