

No. W 64871		Due no later than Jul 31, 2011		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		BETTY CHRISTINA JAQUES 7 N 600 W BLACKFOOT ID 83221 USA			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CAMP HIPPO PEDIATRIC THERAPY LLC KRIS JAQUES 7 N 600 W BLACKFOOT ID 83221					
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:		6. Annual Report must be signed.*					
ID W 64871		Signature: Betty C Jaques			Date: 05/18/2011		
		Name (type or print): Betty C Jaques			Title: Owner		
Processed 05/18/2011		* Electronically provided signatures are accepted as original signatures.					