

No. W 165853		Due no later than Apr 30, 2018		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. LAKE CITY PEDIATRIC THERAPY, PLLC NICOLE K NEUDORFER 6924 N. MADELLAINE DRIVE COEUR D ALENE ID 83815		JONATHON D HALLIN 601 E FRONT AVE #303 COEUR D ALENE ID 83814	
				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	NICOLE KAY NEUDORFER	6924 N. MADELLAINE DRIVE	COEUR D ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 165853		6. Annual Report must be signed.* Signature: Nicole K. Neudorfer Name (type or print): Nicole K. Neudorfer Date: 02/27/2018 Title: Managing Member			
Processed 02/27/2018		* Electronically provided signatures are accepted as original signatures.			