

No. W 58332		Due no later than Jan 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 1. Mailing Address: Correct in this box if needed. WASSINK THERAPY LLC KIMBERLEE D WASSINK 3204 N 12TH COEUR D ALENE ID 83815 USA		KIMBERLEE WASSINK 3204 N 12TH COEUR D'ALENE ID 83815			
				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	KIMBERLEE WASSINK	3204 N 12TH ST	COEUR D ALENE	ID	USA	83815	
MEMBER	TROY WASSINK	3204 N 12TH ST.	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID W 58332		6. Annual Report must be signed.* Signature: Kimberlee Wassink Name (type or print): Kimberlee Wassink Date: 12/31/2010 Title: Member					
Processed 12/31/2010		* Electronically provided signatures are accepted as original signatures.					