No. **W 83994**	**Due no later than May 31, 2016** **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.** 14 HANDS THERAPY, LLC LORI J KIRK 12565 N SCHICKS RIDGE RD BOISE ID 83714	LORI KIRK 12565 N SCHICKS RIDGE RD BOISE ID 83714 3. New 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
MANAGER	LORI J KIRK	12565 N SCHICKS RIDGE RD	BOISE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 83994**	Signature: Lori J Kirk Name (type or print): Lori J Kirk	Date: 05/04/2016 Title: Manager

Processed 05/04/2016

* Electronically provided signatures are accepted as original signatures.