

No. W 15371		Due no later than May 31, 2012		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. PEDIATRIC THERAPY, P.L.L.C. TIFFANY POLLOCK 1158 N. MEADOWSTREAM PL STAR ID 83669 USA		ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 USA			
				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	
MANAGER	TIFFANY POLLOCK	1158 N. MEADOWSTREAM PL.	STAR	ID	USA	83669	
5. Organized Under the Laws of: ID W 15371		6. Annual Report must be signed.* Signature: Tiffany Pollock Name (type or print): Tiffany Pollock Date: 05/02/2012 Title: Manager					
Processed 05/02/2012		* Electronically provided signatures are accepted as original signatures.					