

No. W 15371		Due no later than May 31, 2012 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TIFFANY POLLOCK	Street or PO Address 1158 N. MEADOWSTREAM PL.		City STAR	State ID	Country USA	Postal Code 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.							