

No. W 49789	Due no later than Apr 30, 2014 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. HELPING HANDS PHYSICAL THERAPY, PLLC KATHERINE J FARMER PO BOX 741 DONNELLY ID 83615	KATHERINE J FARMER 402 OLD STATE HWY CASCADE ID 83611			
		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	KATHERINE J FARMER	PO BOX 1043	CASCADE	ID	USA 83611
5. Organized Under the Laws of: ID W 49789	6. Annual Report must be signed.* Signature: Katherine J Farmer Name (type or print): Katherine J Farmer		Date: 04/06/2014 Title: Physical Therapist		
Processed 04/06/2014		* Electronically provided signatures are accepted as original signatures.			