No. <b>W 113494</b>		Due no later than Apr 30, 2013	2. Registered Agent and Address (NO PO BOX)  JASON R HYDE 1460 N 620 E SHELLEY ID 83274  3. New Registered Agent Signature:*				
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HYDE PHYSICAL THERAPY LLC  KODI L. HYDE  1460 N 620 E  SHELLEY ID 83274					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
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 KODI L HYD		E 1460 N. 620 E.	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kodi L. Hyde	Date: 02/19/2013				
W 113494		Name (type or print): Kodi L. Hyde	Title: Member				
Processed 02/19/2013	ocessed 02/19/2013 * Electronically provided signatures are accepted as original signatures.						