

No. <b>W 85824</b>		<b>Due no later than Jul 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ALICIA G SIDDOWAY 995 BARNEY DAIRY RD REXBURG ID 83440			
		<b>1. Mailing Address: Correct in this box if needed.</b> ADVANCED PHYSICAL THERAPY & WOUND CENTER PLLC ALICIA SIDDOWAY PO BOX 322 REXBURG ID 83440		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	DUANE SIDDOWAY	995 BARNEY DAIRY RD	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 85824</b>		Signature: Duane siddoway			Date: 06/13/2017		
		Name (type or print): Duane siddoway			Title: Manager		
Processed 06/13/2017		* Electronically provided signatures are accepted as original signatures.					