

No. <b>W 116034</b>		<b>Due no later than Jul 31, 2014</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>  <b>1. Mailing Address: Correct in this box if needed.</b>  THAYN PHYSICAL THERAPY PLLC ZHOHNANN KATHLEEN PIVA THAYN PO BOX 707 CHALLIS ID 83226		ZHOHNANN KATHLEEN PIVA THAYN 619 WILSON ROAD 0707 CHALLIS ID 83226	
				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	ZHOHNANN KATHLEEN PIVA THAYN	PO BOX 707	CHALLIS	ID	USA 83226
5. Organized Under the Laws of:  <b>ID W 116034</b>		6. Annual Report must be signed.* Signature: ZhohnAnn Thayn Name (type or print): ZhohnAnn Thayn Date: 06/02/2014 Title: Owner			
Processed 06/02/2014		* Electronically provided signatures are accepted as original signatures.			