No. W 124157 Return to: SECRETARY OF STATE	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014 1. Mailing Address: Correct in this box if needed. PT MEDICAL, LLC NELSON HALL PO BOX 51630 IDAHO FALLS ID 83405			2. Registered Agent and Office (NOT A P.O. BOX) BRIAN T TUCKER 490 MEMORIAL DR IDAHO FALLS ID 83402	
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080					
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Age	ent Signature.
4. Limited Liability Manager or Member	Companies: Enter l	Names and Addresses of Street or PO Address	f Manager city		Instructions. Postal Code
Manager Member	Stephen Bird	427 Sunterra Dr.	Idaho	Falls ID USA	83404
Manager Member Member					
Manager Member Member					
Manager Member					
5. Organized Under the La	ws of: 6.				
IDAHO	Signature:	6706	ei)	Date 7	
W 124157	Name (type o			Title	