

No. W 125442		Due no later than May 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PHYSICAL THERAPY SPECIALISTS OF IDAHO, LLC COREY RASMUSSEN 675 YELLOWSTONE AVE SUITE 1 POCATELLO ID 83201		COREY RASMUSSEN 675 YELLOWSTONE AVE SUITE 1 POCATELLO ID 83201			
				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	COREY LAYNE RASMUSSEN	2680 HILL VIEW	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 125442		6. Annual Report must be signed.* Signature: Corey Rasmussen Name (type or print): Corey Rasmussen Date: 06/01/2018 Title: president					
Processed 06/01/2018		* Electronically provided signatures are accepted as original signatures.					