

No. W 125442		Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name COREY LAYNE RASMUSSEN	Street or PO Address 2680 HILL VIEW		City POCATELLO	State ID	Country USA	Postal Code 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.							