No. W 114996	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** BARNES PHYSICAL THERAPY, LLC ~~206 WILLIS ST~~ PO Box 306 BLACKFOOT ID 83221	TREVOR BARNES ~~206 WILLIS ST~~ 1250 W. Bridge St. Suite F BLACKFOOT ID 83221
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	Trevor Barnes	PO Box 306	Blackfoot	ID	USA	83221
Manager ☐ Member ☒	Amy Barnes	PO Box 306	Blackfoot	ID	USA	83221
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 114996	Signature: Amy Barnes Date: 9/20/13 Name (type or print): Amy Barnes Title: owner/member

Issued 09/19/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM