

No. <b>W 174100</b>		<b>Due no later than Nov 30, 2017</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>1. Mailing Address: Correct in this box if needed.</b> NORTHWEST THERAPY SOLUTIONS PLLC KRISTINA STROHMAIER 24552 ARROW HIGHLINE RD JULIAETTA ID 83535		KRISTINA STROHMAIER 24552 ARROW HIGHLINE RD JULIAETTA ID 83535			
				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	KRISTINA STROHMAIER	24552 ARROW HIGHLINE RD.	JULIAETTA	ID	USA	83535	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 174100</b>		Signature: Kristina Strohmaier				Date: 11/13/2017	
		Name (type or print): Kristina Strohmaier				Title: manager	
Processed 11/13/2017		* Electronically provided signatures are accepted as original signatures.					