No. **W 101541**	**Due no later than Mar 31, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SAWTOOTH PHYSICAL THERAPY LLC RONALD D MILLER 235 FLUME ST BOISE ID 83712	RONALD D MILLER JR 235 FLUME ST BOISE ID 83712 3. New 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	RONALD D MILLER	7979 W. RIFLEMAN ST	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 101541**	Signature: Ronald Miller	Date: 03/13/2014
	Name (type or print): Ronald Miller	Title: President

Processed 03/13/2014

* Electronically provided signatures are accepted as original signatures.