| No. W 176922 | | | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|--------------------------------------|------------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | SEKER MEDAVARAPU 2724 17TH STREET #202 LEWISTON ID 83501 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | | |
| | | FULL POTENTIAL PHYSICAL THERAPY, PLLC SEKER MEDAVARAPU 3510 12TH STREET, 200 | | | | | | |
| | | LEWISTON ID 83501 | | 3. <u>New</u> Register | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER SEKER MEDAVARAPU | | 2724 17TH AVE APT 202 | LEWISTON | ID | USA | 83501 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 176922 | | Signature: Sel | | Date: 11/28/2017 | | | | |
| | | Name (type or | | Title: Owner | | | | |
| Processed 11/28/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |