No. W 71566		Due no later than Feb 28, 2014		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ROBERT A BRIGGS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRIGGS PHYSICAL THERAPY LLC ROBERT A BRIGGS PO BOX 284 SUGAR CITY ID 83448			221 S PARK AVE SUGAR CITY ID 83448 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	ınies: 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	ROBERT A	BRIGGS	PO BOX 284	S	SUGAR CITY	ID	USA	83448
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 71566		Signature: Robert A Briggs			Date: 02/23/2014			
		Name (type or print): Robert A Briggs			Title: Owner			
Processed 02/23/2014 * Electronically provided signatures are accepted as original signatures.								