

No. W 26383		Due no later than Oct 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MCDONALD THERAPY SERVICES, PLLC BART W. MCDONALD 723 REDMAN ST CHUBBUCK ID 83202		BART W MCDONALD MPT 723 REDMAN CHUBBUCK ID 83202	
				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	BART W MCDONALD MPT	723 REDMAN ST	CHUBBUCK	ID	83202
5. Organized Under the Laws of: ID W 26383		6. Annual Report must be signed.* Signature: Bart McDonald Name (type or print): Bart McDonald Date: 11/03/2016 Title: Owner			
Processed 11/03/2016		* Electronically provided signatures are accepted as original signatures.			