No. W 117148		Due no later than Sep 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. SWETTER PHYSICAL THERAPY SERVICES LLC. SUSIE SWETTER PO BOX 1551 DRIGGS ID 83422		2. Registered A	2. Registered Agent and Address (NO PO BOX) SUSIE SWETTER 2295 STEELHEAD DR TETONIA ID 83452 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				2295 STEEL				
				3. <u>New</u> Registe				
		nes and Addresse	es of at least one Member or Manager.					
	Name		Street or PO Address	City	State	Country	Postal Code	
	SUSIE ALICE SEAN PAUL		PO BOX 1551 PO BOX 1551	DRIGGS DRIGGS	ID ID	USA USA	83422 83422	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Susie Swetter		Da	Date: 09/25/2013			
W 117148		Name (type o	r print): Susie Swetter	Tit	Title: Pt, Dpt / Owner			
Processed 09/25/2013 * Electronically provided signatures are accepted as original signatures.								