No. W 171855		Due no later than Sep 30, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			GLORIA G GUNTER 113 E BULLION STE C HAILEY ID 83333 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ASPIRE PHYSICAL THERAPY PLLC GLORIA G GUNTER PO BOX 92 HAILEY ID 83333						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
MANAGER GLORIA G G		GUNTER	P.O. BOX 92	ŀ	HAILEY	ID	USA	83333
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gloria Gunter			Date: 07/22/2017			
W 171855		Name (type or print): Gloria Gunter			Title: Owner			
Processed 07/22/2017 * Electronically provided signatures are accepted as original signatures.								