

No. W 101541	Due no later than Mar 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. SAWTOOTH PHYSICAL THERAPY LLC RONALD D MILLER 235 FLUME ST BOISE ID 83712		RONALD D MILLER JR 235 FLUME ST BOISE ID 83712			
			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	RONALD D MILLER	7979 W. RIFLEMAN ST	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 101541	6. Annual Report must be signed.* Signature: Ronald Miller Jr Name (type or print): Ronald Miller Jr		Date: 01/20/2017 Title: President/Owner			
Processed 01/20/2017		* Electronically provided signatures are accepted as original signatures.				