No. J 1805		Due no later than Nov 30, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			STACIE L WAITE 1411 THORN CREEK CT NAMPA ID 83686			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ELITE PHYSICAL THERAPY LLP STACIE L WAITE 1411 THORN CREEK CT			ואאויורא וט סטסט			
		NAMPA ID 83686			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PARTNER STACIE L W			1411 THORN CREEK CT		NAMPA	ID	USA	83686
PARTNER R LYNN WA		ΠE	1411 THORN CREEK CT		NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID J 1805		Signature: Stacie Waite			Date: 09/28/2014			
		Name (type or print): Stacie Waite			Title: President			
Processed 09/28/2014	* Electronically provided signatures are accepted as original signatures.							