

No. W 138683		Due no later than Jun 30, 2015		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. REVIVE THERAPEUTIC, PLLC LINDSEY LONSETH 5924 N COBBLER LN BOISE ID 83703		LINDSEY LONSETH 5924 N COBBLER LN BOISE ID 83703			
				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	LINDSEY LONSETH	5924 N COBBLER LN	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 138683		Signature: Lindsey Lonseth		Date: 06/15/2015			
		Name (type or print): Lindsey Lonseth		Title: Owner/Occupational Therapist			
Processed 06/15/2015		* Electronically provided signatures are accepted as original signatures.					