No. **W 185920**	**Due no later than Jul 31, 2018** **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.** RENEW MANUAL PHYSICAL THERAPY PLLC PO BOX 7807 BOISE ID 83707	BRAD RYAN 401 W FRONT ST STE 307 BOISE ID 83702 3. New 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
MEMBER	BREANN FOX	7444 W SAXTON DR #K101	BOISE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 185920**	Signature: BREANN FOX	Date: 05/22/2018
	Name (type or print): BREANN FOX	Title: MEMBER

Processed 05/22/2018

* Electronically provided signatures are accepted as original signatures.