

|  |                  |  |          |  |         |             |  |
|--|------------------|--|----------|--|---------|-------------|--|
| No. <b>W 87290</b>   |                  | <b>Due no later than Sep 30, 2017</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SILVER VALLEY PHYSICAL THERAPY, LLC<br>LISA DARST MPT<br>PO BOX 6<br>KELLOGG ID 83837 |          | LISA JOANN DARST MPT<br>5968 CDA RIVER RD<br>KINGSTON ID 83839 |         |             |  |
|  |                  |  |          | 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  | LISA JOANN DARST | 5968 CDA RIVER RD  | KINGSTON | ID   | USA     | 83839       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 87290</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Lisa Darst MPT<br>Name (type or print): Lisa Darst MPT   |          |  |         |             |  |
| Date: 08/11/2017<br>Title: owner- sole proprietor  |                  |  |          |  |         |             |  |
| Processed 08/11/2017   |                  | * Electronically provided signatures are accepted as original signatures.  |          |  |         |             |  |