

No. W 165312		Due no later than Apr 30, 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		1. Mailing Address: Correct in this box if needed. HAMMOND PHYSICAL THERAPY PLLC LUCAS P HAMMOND 2124 W CANFIELD AVE COEUR D'ALENE ID 83815		LUCAS P HAMMOND 2124 W CANFIELD AVE COEUR D'ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				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
MEMBER	LUCAS P HAMMOND	2124 W CANFIELD AVE		COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: ID W 165312		6. Annual Report must be signed.* Signature: JAMIE DUMAN Name (type or print): JAMIE DUMAN Date: 04/10/2017 Title: CPA					
Processed 04/10/2017 * Electronically provided signatures are accepted as original signatures.							