

No. <b>W 91647</b>		<b>Due no later than Mar 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  OPTIMUM PERFORMANCE THERAPY, P.L.L.C. LYNAE MARIE HENINGER 7355 W RING PERCH DR BOISE ID 83709 USA		LYNAE MARIE HENINGER 7355 W RING PERCH DR BOISE ID 83709			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LYNAE MARIE HENINGER	Street or PO Address 7355 W RING PERCH DR		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of:  <b>ID</b> <b>W 91647</b>		6. Annual Report must be signed.*  Signature: Lynae Heninger Name (type or print): Lynae Heninger  Date: 02/16/2013 Title: Owner					
Processed 02/16/2013      * Electronically provided signatures are accepted as original signatures.							