

No. <b>W 148807</b>		Due no later than Mar 31, 2016		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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> WRIGHT PHYSICAL THERAPY PROFESSIONALS, PLLC WRIGHT PHYSICAL THERAPY PROFESSIONALS, PLLC 1444 FALLS AVE E TWIN FALLS ID 83301		BRYAN WRIGHT 1444 FALLS AVE E TWIN FALLS ID 83301			
				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	CLIFF WRIGHT	1444 FALLS, AVE. E.	TWIN FALLS	ID	USA	83301	
MEMBER	JAMES WOOD	1444 FALLS AVE. E.	TWIN FALLS	ID	USA	83301	
MEMBER	JONATHON BARKER	1444 FALLS AVE. E.	TWIN FALLS	ID	USA	83301	
MEMBER	RYAN BISHOP	1444 FALLS AVE. E.	TWIN FALLS	ID	USA	83301	
MEMBER	TYLER BILLINGS	1444 FALLS AVE. E.	TWIN FALLS	ID	USA	83301	
MEMBER	BRYAN WRIGHT	1444 FALLS AVE. E.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>W 148807</b>		6. Annual Report must be signed.* Signature: Bryan Wright Name (type or print): Bryan Wright Date: 01/26/2016 Title: President					
Processed 01/26/2016		* Electronically provided signatures are accepted as original signatures.					