No. <b>W 128969</b>		Due no later than Sep 30, 2015		2. Reg	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MT. HARRISON REHABILITATION PLLC SCOTT CRIDER 559 TERRACE DR BURLEY ID 83318		559 BUI	SCOTT CRIDER 559 TERRACE DR BURLEY ID 83318  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Fotor Nar		mes and Addresses of at least one Member or Manager.						
Office Held	Name	ines and Addiceses of	Street or PO Address	City		State	Country	Postal Code
MANAGER	WILLIAM S	CRIDER	559 TERRACE DR	BURI	_EY	ID	USA	83318
5. Organized Under the Laws of:  ID  W 128969		6. Annual Report must be signed.* Signature: Scott Crider Name (type or print): Scott Crider			Date: 10/10/2015 Title: Manager			
Processed 10/10/2015		* Electronically provided signatures are accepted as original signatures.						