No. W 122329		Due no later than Feb 28, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MELANIE N	MELANIE MICHAELS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MIND BODY SOUL PHYSICAL THERAPY, PLLC MELANIE MICHAELS 5307 E QUARTERSAWN CT BOISE ID 83716			5307 E QUARTERSAWN CT BOISE 83716			
				3. New Regist	3. New Registered Agent Signature:*			
4. Limited Liability Co	mpanies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MELANIE MICHAELS		5307 E QUARTERSAWN CT	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Melanie Michaels		1	Date: 01/11/2015			
W 122329		Name (type or print): Melanie Michaels		-	Title: Manager/Owner			
Processed 01/11/201	.5	* Electronically pr	ovided signatures are accepted as original	signatures.				