

No. <b>W 152285</b>	<b>Due no later than Jun 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MAC PHYSICAL THERAPY, PLLC SHAWN MOEHRING 927 E POLSTON AVE SUITE 201 POST FALLS ID 83854		SHAWN MOEHRING 927 E POLSTON AVE SUITE 201 POST FALLS ID 83854-8381			
			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	SHAWN GLENN MOEHRING	927 E POLSTON AVE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID</b> <b>W 152285</b>		6. Annual Report must be signed.* Signature: Shawn Moehring Name (type or print): Shawn Moehring Date: 07/20/2016 Title: Owner				
Processed 07/20/2016		* Electronically provided signatures are accepted as original signatures.				