No. W 32467	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JOSHUA TREE PHYSICAL THERAPY, P.L.L.C. [redacted] Kevin Sgroi 8475 GOVERNMENT WAY HAYDEN ID 83835	KEVIN J SGROI PT PA 8475 GOVERNMENT WAY HAYDEN ID 83835
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☑	JOSHUA TREE PHYSICAL THERAPY	8475 GOVT WAY	Hayden,	ID		83835
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 32467	Name (type or print): KEVIN J SGROI	11/21/12 Title: OWNER

Issued 11/21/2012 by DK1