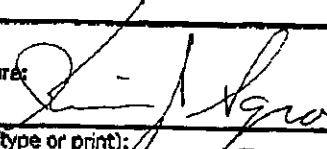


No. W 32467	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JOSHUA TREE PHYSICAL THERAPY, P.L.L.C., BOISE, ID 83720 Kevin Sgroi 8475 GOVERNMENT WAY HAYDEN ID 83835		KEVIN J SGROI PT PA 8475 GOVERNMENT WAY HAYDEN ID 83835
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		3. <u>New</u> Registered Agent Signature.	
Manager or Member Name Street or PO Address City State Country Postal Code Manager ☒ Member ☐ JOSHUA TREE 8475 Govt Way Hayden, ID 83835 Manager ☐ Member ☐ PHYSICAL THERAPY Manager ☐ Member ☐ Manager ☐ Member ☐			
5. Organized Under the Laws of: IDAHO W 32467	6. Signature:  Name (type or print): <u>KEVIN J SGROI</u> Date: <u>11/21/12</u> Title: <u>OWNER</u>		

Issued 11/21/2012 by DK1