No. W 131077		Due no later than Nov 30, 2014		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. PERFORMANCE THERAPY HOLDINGS, LLC STEPHANIE LIDDLE 3125 VALENCIA DR IDAHO FALLS ID 83404		STEPHANIE LIDDLE 2922 CORTEZ				
					IDAHO FALLS 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	STEPHANIE	LIDDLE	3125 VALENCIA		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Stephanie Liddle			Date: 11/18/2014			
W 131077		Name (type or print): Stephanie Liddle			Title: Owner			
Processed 11/18/2014 * Electronically provided signatures are accepted as original signatures.								