

<b>No.</b> 18  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b>  * FIRST NOTICE * NO FEE REQUIRED	<b>Idaho Limited Liability Company Annual Report Form</b>  Due No Later Than November 1, 1994 <b>1. Mailing Address —</b> ROCKY MOUNTAIN PHYSICAL THERAPY PAUL WORTLEY 3460 S PIONER PARKWAY PHYSICAL THERAPY DEPT WEST VALLEY CIT UT 84120	<b>2. Registered Agent and Office</b> JAMES STITH 3100 CHANNING WAY  IDAHO FALLS ID 83404  <b>3. Organized Under The Laws</b> of UT NO: 18
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**4. Names and Addresses of** ☐ Managers or ☒ Members (check one)

**MUST BE PRINTED OR TYPED**

<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Paul G Wortley	4612 Mount Springs Ct	SLC	UT	84117
James M Wortley	950 East Coyote Cir	No. SL	UT	84054
Richard D Wortley	1066 So Mary Cir	Btfl	UT	84010
Todd E Brown	3416 W 8070 So	West Jordan	UT	84088
Gerald H Geurts	3878 Btfl Blvd	Btfl	UT	84010

**5. Signature of the Current Registered Agent**  
 (if changed in block 2)

**6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete**

Signature

Name (Typed or Printed)

Date

 Sharilyn Miller  
 Sharilyn Miller

9-8-94