

No. W 125442	Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		COREY RASMUSSEN 2240 E CENTER STE D POCATELLO 83201			
	PHYSICAL THERAPY SPECIALISTS OF IDAHO, LLC COREY RASMUSSEN 2240 EAST CENTER SUITE D POCATELLO ID 83201		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
MANAGER	COREY LAYNE RASMUSSEN	2680 HILL VIEW	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 125442		6. Annual Report must be signed.* Signature: Corey Rasmussen Name (type or print): Corey Rasmussen		Date: 03/23/2015 Title: CEO		
Processed 03/23/2015		* Electronically provided signatures are accepted as original signatures.				