

No. W 141717		Due no later than Aug 31, 2016		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. MADISON PHYSICAL THERAPY AND WOUND CENTER, PLLC 1 PROFESSIONAL PLAZA REXBURG ID 83440		ALICIA SIDDOWAY 1 PROFESSIONAL PL REXBURG ID 83440			
				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	ALICIA SIDDOWAY	1 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 141717		6. Annual Report must be signed.* Signature: Alicia siddoway Name (type or print): Alicia siddoway Date: 07/11/2016 Title: Mgr					
Processed 07/11/2016		* Electronically provided signatures are accepted as original signatures.					