FILED EFFECTIVE

STATEMENT OF CHANGE OF REGISTERED AGENT, REGISTERED OFFICE, OR BOTH

(See reverse for instructions)

2018 MAR -9 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

File #: W43278

The undersigned entity submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.

1. The name of the entity is:
   Ammon Physical Therapy, LLC

2. The name and street address of the **old** registered agent and office is:
   George Chudleigh
   3184 Chasewood
   Ammon, ID 83406

3. The name and street address of the **new** registered agent and office in Idaho is:
   George Chudleigh
   246 N. Curlew Dr. #2308
   (not a PO box or PMB)
   Ammon, ID 83401

I consent to serve as registered agent for the above-named entity.

(Signature of new registered agent)

5 March 2018
(Date)

Date: 5 March 2018

Signature:

Printed: George Chudleigh

Capacity: Member

NO FEE REQUIRED

Rev. 11/2015