No. W 12791		Due no later than Aug 31, 2017		2. Registered A	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. ROCKY MOUNTAIN PHYSICAL THERAPY, PLLC BRANDON HAWKER 1441 PARKWAY DRIVE BLACKFOOT ID 83221		87 N 825 W BLACKFOOT	BRANDON HAWKER 87 N 825 W BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager					
Office Held	Name	mes and made cose	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRANDON S	HAWKER	87 N 825 W P.O. BOX 72	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID W 12791		6. Annual Report must be signed.* Signature: Scott Schmitt			Date: 08/12/2017			
Processed 08/12/2017		Name (type or print): Scott Schmitt Title: Accountant * Electronically provided signatures are accepted as original signatures.						