

No. <b>W 142296</b>		<b>Due no later than Sep 30, 2016</b>		<b>Annual Report Form</b>				2. Registered Agent and Address <b>(NO PO BOX)</b>					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PARMA PHYSICAL THERAPY, LLC P.O. BOX 171 PARMA ID 83660 USA		MARC GROW 25300 MAGNOLIA BROOK WAY MIDDLETON ID 83664				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		MARC GROW		25300 MAGNOLIA BROOK WAY		MIDDLETON		ID		USA		83664	
5. Organized Under the Laws of:  <b>ID W 142296</b>				6. Annual Report must be signed.* Signature: Marc Grow Name (type or print): Marc Grow									
				Date: 10/20/2016 Title: Manager									
Processed 10/20/2016				* Electronically provided signatures are accepted as original signatures.									