

No. W 121933		Due no later than Feb 29, 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. IDAHO FALLS PHYSICAL THERAPY PLLC JODI AM SMITH 5856 GLENEAGLES DR IDAHO FALLS ID 83401		STEVEN L SMITH 5856 GLENEAGLES DR IDAHO FALLS ID 83401			
				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	JODI AM SMITH	5856 GLENEAGLES DR	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 121933		6. Annual Report must be signed.* Signature: Jodi Smith Name (type or print): Jodi Smith					
				Date: 01/31/2016		Title: Owner	
Processed 01/31/2016		* Electronically provided signatures are accepted as original signatures.					