

No. <b>W 173758</b>		<b>Due no later than Oct 31, 2017</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> SHELLEY THOMAS, PHYSICAL THERAPY, PLLC SHELLEY THOMAS 1888 N EAGLE CREEK WAY EAGLE ID 83616		SHELLEY THOMAS 1888 N EAGLE CREEK WAY EAGLE ID 83616			
				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	SHELLEY P THOMAS	1888 N. EAGLE CREEK WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID W 173758</b>		6. Annual Report must be signed.* Signature: Shelley Thomas Name (type or print): Shelley Thomas					
Date: 10/30/2017 Title: Owner							
Processed 10/30/2017		* Electronically provided signatures are accepted as original signatures.					