No. **W 12305**	**Due no later than Jun 30, 2011** **Annual Report Form**	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.** EAGLE ORTHOPEDIC & SPORTS PHYSICAL THERAPY, P.L.L.C. CHRISTINE BLEFFERT 600 VALLEY CENTRE DR. DRIGGS ID 83422 USA	MICHAEL BLEFFERT 2596 RENDEZVOUS DR DRIGGS ID 83422 3. New 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
MEMBER	MICHAEL BLEFFERT	2596 RENDEZVOUS DR.	DRIGGS	ID	USA	83422
MEMBER	CHRISTI BLEFFERT	2596 RENDEZVOUS DR.	DRIGGS	ID	USA	83422

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 12305**	Signature: Christine Bleffert	Date: 07/01/2011
	Name (type or print): Christine Bleffert	Title: Managing Member

Processed 07/01/2011

* Electronically provided signatures are accepted as original signatures.