

ISSUED: 07-05-1994

No. 319	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	EDDY L ROBERTSON 150 -126TH ST
	RIVERSIDE PHYSICAL THERAPY, L.L. EDDY L ROBERTSON 150 -126TH ST	OROFINO ID 83544
	OROFINO ID 83544	3. Organized Under The Laws of ID NO: 319

4. Names and Addresses of ☐ Managers or ☒ Members (check one)			
Name	Street or P.O. Address	City	State Zip
Ed Robertson	Box 85	Peck	Idaho 83545
Ferris Robertson	Box 85	Peck	Idaho 83545

5. Signature of the Current Registered Agent (if changed in block 2)	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Ed Robertson</u> Date <u>7-8-94</u> Name (Typed or Printed) <u>Ed Robertson</u>
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