

No. W 143654		Due no later than Oct 31, 2018		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		Annual Report Form		PAMELA MCBRIDE 838 WASHBURN ST CHUBBUCK ID 83202			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MCBRIDE PHYSICAL THERAPY LLC PAMELA D. MCBRIDE 838 WASHBURN ST CHUBBUCK ID 83202					
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	PAMELA D MCBRIDE	838 WASHBURN ST	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 143654		Signature: Pamela D McBride				Date: 08/22/2018	
		Name (type or print): Pamela D McBride				Title: owner	
Processed 08/22/2018		* Electronically provided signatures are accepted as original signatures.					