

No. W 66109	Due no later than Aug 31, 2009 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.		ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712			
	SAGE PHYSICAL THERAPY, PLLC ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712-8470 USA		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
MEMBER	ROSLYN MULLER	818 SOUTH GRAY EAGLE WAY	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID W 66109		6. Annual Report must be signed.* Signature: Roslyn Muller Name (type or print): Roslyn Muller		Date: 08/09/2009 Title: Initial Member		
Processed 08/09/2009		* Electronically provided signatures are accepted as original signatures.				