No. <b>W 122254</b>	Due no later than Feb 28, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  WRIGHT PHYSICAL THERAPY PLLC  BRYAN D WRIGHT  1444 FALLS AVE E.	BRYAN WRIGHT 1444 FALLS AVE E TWIN FALLS ID 83301-8330			
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS ID 83301	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 TYLER BILL MEMBER BRYAN WR		TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:	of: 6. Annual Report must be signed.*				
ID	Signature: Bryan Wri	Date: 12/22/2017			
W 122254	Name (type or print): Bryan Wri	Title: CEO			
Processed 12/22/2017	* Electronically provided signatures are accepted as original signatures.				