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| No. W 66109 | | Due no later than Aug 31, 2010 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 | | 1. Mailing Address: Correct in this box if needed. SAGE PHYSICAL THERAPY, PLLC ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712-8470 USA | | ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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: 06/13/2010 Title: Physical Therapist and Owner | | | | | |
| Processed 06/13/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | |