

No. <b>W 84474</b>		<b>Due no later than Jun 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CURTIS MASON 583 GREENBRIER DR HEYBURN ID 83336	
		<b>1. Mailing Address: Correct in this box if needed.</b> ELITE PHYSICAL THERAPY AND HEALTH, LLC CURTIS A MASON 1200 OAKLEY AVE BURLEY ID 83318		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
MANAGER	CURTIS A MASON	1200 OAKLEY AVE	BURLEY	ID	USA 83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 84474</b>		Signature: Curtis Mason		Date: 05/03/2016	
		Name (type or print): Curtis Mason		Title: CEO	
Processed 05/03/2016		* Electronically provided signatures are accepted as original signatures.			