No. W 66109		Due no later than Aug 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ROSLYN MULLER				
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		818 SOUTH GRAY EAGLE WAY BOISE ID 83712				
								3. <u>New</u> Registered Agent Signature:*
				NO FILING FEE IF RECEIVED BY DUE DATE				
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 MU		LLER	818 SOUTH GRAY EAGLE WAY	(BOISE	ID	USA	83712
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID		Signature: Roslyn Muller			Date: 07/29/2012			
W 66109		Name (type or print): Roslyn Muller			Title: Physical Therapist/Owner			
Processed 07/29/2012 * Electronically provided signatures are accepted as original signatures.								