

| | | | | | | |
|--|--|---|---|-------|---------|-------------|
| No. W 166805 | Due no later than May 31, 2017 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. | | VANESSA SCIFRES 768 N 4TH AVE BELLEVUE ID 83313 | | | |
| | THRIVE PHYSICAL THERAPY LLC VANESSA ANN SCIFRES PO BOX 409 BELLEVUE ID 83313 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 |
| MANAGER | VANESSA ANN SCIFRES | 768 N 4TH AVE | BELLEVUE | ID | USA | 83313 |
| 5. Organized Under the Laws of: ID W 166805 | 6. Annual Report must be signed.* | | | | | |
| | | Signature: Vanessa Ann Scifres | Date: 05/23/2017 | | | |
| | | Name (type or print): Vanessa Ann Scifres | Title: Owner | | | |
| Processed 05/23/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |