

No. W 72436		Due no later than Mar 31, 2017		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		Annual Report Form		KEVIN R KRAFFT MD 6140 W CURTISIAN STE 400 BOISE ID 83704	
		1. Mailing Address: Correct in this box if needed. NORTHWEST PHYSICAL MEDICINE AND REHABILITATION, PLLC KEVIN R KRAFFT PO BOX 45996 BOISE ID 83711-5996		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	KEVIN R KRAFFT	6140 W CURTISIAN STE 400	BOISE	ID	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 72436		Signature: K.Krafft		Date: 01/31/2017	
		Name (type or print): K.Krafft		Title: Owner	
Processed 01/31/2017		* Electronically provided signatures are accepted as original signatures.			