


No. W 117148	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SWETTER PHYSICAL THERAPY SERVICES LLC. SUSIE SWETTER PO BOX 1551 PO Box 358 DRIGGS ID 83422 Teton ID 83451		SUSIE SWETTER 2295 STEELHEAD DR 8 N and E TETONIA ID 83452 Teton, ID 83451																																			
			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Susie Swetter</td> <td>PO Box 358</td> <td>Teton</td> <td>ID</td> <td>USA</td> <td>83451</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sean Swetter</td> <td>PO Box 358</td> <td>Teton</td> <td>ID</td> <td>USA</td> <td>83451</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Susie Swetter	PO Box 358	Teton	ID	USA	83451	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sean Swetter	PO Box 358	Teton	ID	USA	83451	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 117148	6. Signature:  Name (type or print): Susie Swetter		Date: 01/01/2018 Title: manager																																			