No. W 92654		Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. BODY WISE PHYSICAL THERAPY, PLLC DOUGLAS W HOGGATT 9483 W SHELBORNE DR		DOUGLAS W HOGGATT				
SECRETARY OF STATE 700 WEST JEFFERSON				9483 W SHELBORNE DR BOISE ID 83709			
PO BOX 83720 BOISE, ID 83720-0080							
	BOISE ID 83709		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DOUGLAS V	/ HOGGATT	9483 W. SHELBORNE DRIVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:	6. Annual Report	must be signed.*					
ID	Signature: Dou		Date: 04/17/2016				
W 92654	Name (type or print): Douglas W. Hoggatt			Title: Manager			
Processed 04/17/2016	* Electronically provided signatures are accepted as original signatures.						