

No. W 121933		Due no later than Feb 28, 2018 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		1. Mailing Address: Correct in this box if needed. IDAHO FALLS PHYSICAL THERAPY PLLC JODI AM SMITH 5856 GLENEAGLES DR IDAHO FALLS ID 83401		STEVEN L SMITH 5856 GLENEAGLES DR IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JODI AM SMITH	Street or PO Address 5856 GLENEAGLES DR		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of: ID W 121933		6. Annual Report must be signed.* Signature: Jodi AM Smith Name (type or print): Jodi AM Smith Date: 01/13/2018 Title: Manager					
Processed 01/13/2018 * Electronically provided signatures are accepted as original signatures.							