No. W 136844		Due no later than Apr 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ADDRESS AND ADDRES	MISTY AGUILAR			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AGUILAR PHYSICAL THERAPY LLC MISTY AGUILAR 4598 W OLD HWY 91 INKOM ID 83245		INKOM ID	4598 W OLD HWY 91 INKOM ID 83245 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MISTY D AG		GUILAR	4598 W OLD HWY 91	INKOM	ID	USA	83245	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Misty		Date: 03/18/2017				
W 136844		Name (type or p		Title: Manager				
Processed 03/18/2017 * Electronically provided signatures are accepted as original signatures.								