

No. W 113494		Due no later than Apr 30, 2017 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. HYDE PHYSICAL THERAPY LLC KODI L. HYDE 1460 N 620 E SHELLEY ID 83274		JASON R. HYDE 1460 N 620 E SHELLEY ID 83274			
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 MEMBER	Name KODI L. HYDE	Street or PO Address 1460 N. 620 E.		City SHELLEY	State ID	Country USA	Postal Code 83274
5. Organized Under the Laws of: ID W 113494		6. Annual Report must be signed.* Signature: Kodi Hyde Name (type or print): Kodi Hyde Date: 02/22/2017 Title: Vice President/member					
Processed 02/22/2017 * Electronically provided signatures are accepted as original signatures.							