No. W 900 Return to:		Due no later than Feb 29, 2016 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) ERIC VERHAEGHE			
				ERIC VERHAEC				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.			1132 E POLSTON AVE POST FALLS ID 83854-8381			
		RIVER CITY PHYSICAL THERAPY, P.L.L.C. ERIC N VERHAEGHE 1132 E POLSTON AVE POST FALLS ID 83854		3. New Registered Agent Signature:*				
				5. INCOME REGISTERED AGENT SIGNATURE.				
4. Limited Liability Co	ompanies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SCOTT RAN	DKLEV	1296 S FAIRMONT LOOP	COEUR D'ALENE	ID	USA	83814	
MEMBER	ERIC VERHA	EGHE	7054 W NIGHTHAWK DR	POST FALLS	ID		83854	
MEMBER	DAVID HILL	4AN	6479 BIG SKY DR	POST FALLS	ID		88354	
MEMBER	NATE THOR	ESON	7322 W CENTURY DR	POST FALLS	ID		83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 900		Signature: Eric Verhaeghe			Date: 02/16/2016			
		Name (type or print): Eric Verhaeghe			Title: Member			
Processed 02/16/201	.6	* Electronically p	provided signatures are accepted as original s	signatures.				