

No. W 80378	Due no later than Jan 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WHEELWRIGHT PHYSICAL THERAPY, LLC DALE C WHEELWRIGHT 58 S 520 W BLACKFOOT ID 83221		SHAUNA WHEELWRIGHT 58 S 520 W BLACKFOOT ID 83221			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	SHAUNA D WHEELWRIGHT	58 S. 520 W.	BLACKFOOT	ID	USA	83221-6187
5. Organized Under the Laws of: ID W 80378		6. Annual Report must be signed.* Signature: Shauna Wheelwright Name (type or print): Shauna Wheelwright		Date: 12/09/2016 Title: member		
Processed 12/09/2016		* Electronically provided signatures are accepted as original signatures.				