

No. W 113427	Due no later than Apr 30, 2016 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. NORTH STAR PHYSICAL THERAPY AND WELLNESS P.L.L.C. JASON BRUNS 8944 N HESS ST STE B HAYDEN ID 83835		JASON BRUNS 8944 N HESS ST STE B HAYDEN ID 83835			
			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
MANAGER	JASON WILLIAM BRUNS	8944 N. HESS ST. STE. B	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID W 113427	6. Annual Report must be signed.* Signature: JASON BRUNS Name (type or print): JASON BRUNS		Date: 03/28/2016 Title: OWNER, PHYSICAL THERAPIST			
Processed 03/28/2016		* Electronically provided signatures are accepted as original signatures.				