No. **J 1805**	**Due no later than Nov 30, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ELITE PHYSICAL THERAPY LLP STACIE L WAITE 1411 THORN CREEK CT NAMPA ID 83686	STACIE L WAITE 1411 THORN CREEK CT NAMPA ID 83686 3. New Registered Agent Signature:*

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	STACIE L WAITE	1411 THORN CREEK CT	NAMPA	ID	USA	83686
PARTNER	R LYNN WAITE	1411 THORN CREEK CT	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **J 1805**	Signature: Stacie Waite	Date: 10/25/2015
	Name (type or print): Stacie Waite	Title: Partner

Processed 10/25/2015

* Electronically provided signatures are accepted as original signatures.