

No. <b>W 122431</b>		<b>Due no later than Feb 28, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HYDE & ELLIS PHYSICAL THERAPY, LLC JASON HYDE 725 JENSEN GROVE DR. SUITE 4 BLACKFOOT ID 83221		MICHAEL J WHYTE 2635 CHANNING WAY IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	KODI HYDE	725 JENSEN GROVE DR. SUITE 4	BLACKFOOT	ID	USA	83221	
MEMBER	JASON HYDE	725 JENSEN GROVE DR. SUITE 4	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:  <b>ID</b> <b>W 122431</b>		6. Annual Report must be signed.*  Signature: Jason R. Hyde Name (type or print): Jason R. Hyde					
		Date: 12/18/2013 Title: Owner/ Physical therapist					
Processed 12/18/2013      * Electronically provided signatures are accepted as original signatures.							