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|--|------------|---|-----------|--|----------------------------------|-------------|--|
| No. W 122431 | | Due no later than Feb 28, 2014 | | 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. 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 | | | |
| | | | | 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: | | 6. Annual Report must be signed.* | | | | | |
| ID W 122431 | | Signature: Jason R. Hyde | | | Date: 12/18/2013 | | |
| | | Name (type or print): Jason R. Hyde | | | Title: Owner/ Physical therapist | | |
| Processed 12/18/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |