No. **W 143654**	**Due no later than Oct 31, 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.** MCBRIDE PHYSICAL THERAPY LLC PAMELA D. MCBRIDE 838 WASHBURN ST CHUBBUCK ID 83202	PAMELA MCBRIDE 838 WASHBURN ST CHUBBUCK ID 83202 3. New 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	PAMELA D MCBRIDE	838 WASHBURN ST	CHUBBUCK	ID	USA	83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 143654**	Signature: PAMELA MCBRIDE	Date: 09/13/2016
	Name (type or print): PAMELA MCBRIDE	Title: OWNER

Processed 09/13/2016

* Electronically provided signatures are accepted as original signatures.