

No. W 156742	Due no later than Sep 30, 2017 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. SPECIALIZED PHYSICAL THERAPY, PLLC SHAWN ROBERT HIGBEE 5047 INDEPENDENCE AVE CHUBBUCK ID 83202		SHAWN ROBERT HIGBEE 5047 INDEPENDENCE AVE CHUBBUCK ID 83202			
			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	SHAWN ROBERT HIGBEE	5047 INDEPENDENCE AVE	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of: ID W 156742	6. Annual Report must be signed.* Signature: Shawn Higbee Name (type or print): Shawn Higbee		Date: 10/08/2017 Title: Owner			
Processed 10/08/2017		* Electronically provided signatures are accepted as original signatures.				