

No. <b>W 52659</b>	<b>Due no later than Jul 31, 2017</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> AA KINETIC PHYSICAL THERAPY, PLLC ANGELA D. ANDRUS 611 CEDAR RIDGE DR IDAHO FALLS ID 83404 USA		ANGELA D ANDRUS 611 CEDAR RIDGE DR 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
MANAGER	ANGELA D ANDRUS	611 CEDAR RIDGE DR	IDAHO FALLS	ID		83404
5. Organized Under the Laws of:  <b>ID</b> <b>W 52659</b>		6. Annual Report must be signed.* Signature: Angela Andrus, MPT Name (type or print): Angela Andrus, MPT		Date: 06/02/2017 Title: owner		
Processed 06/02/2017		* Electronically provided signatures are accepted as original signatures.				