No. **W 58917**	**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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** DOBSON PHYSICAL THERAPY LLC BRENT E DOBSON 1595 SATTERFIELD DR POCATELLO ID 83201	BRENT DOBSON 1595 SATTERFIELD DR POCATELLO ID 83201 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	BRENT DOBSON	1595 SATTERFIELD DR	POCATELLO	ID	USA	83201
MEMBER	SHARLA DOBSON	1595 SATTERFIELD DR	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58917**	Signature: Brent Dobson	Date: 03/03/2014
	Name (type or print): Brent Dobson	Title: Pt

Processed 03/03/2014

* Electronically provided signatures are accepted as original signatures.