

No. W 114996	Due no later than Jun 30, 2018 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. BARNES PHYSICAL THERAPY, LLC AMY BARNES PO BOX 306 BLACKFOOT ID 83221		TREVOR BARNES 1250 W BRIDGE ST STE F BLACKFOOT ID 83221			
			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	TREVOR BARNES	PO BOX 306	BLACKFOOT	ID	USA	83221
MEMBER	AMY BARNES	PO BOX 306	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID W 114996	6. Annual Report must be signed.* Signature: Amy Barnes Name (type or print): Amy Barnes		Date: 05/02/2018 Title: Owner			
Processed 05/02/2018		* Electronically provided signatures are accepted as original signatures.				