

No. W 66109	Due no later than Aug 31, 2013 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. SAGE PHYSICAL THERAPY, PLLC ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712-8470 USA	ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712	
		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	ROSLYN MULLER	818 SOUTH GRAY EAGLE WAY	BOISE ID USA 83712
5. Organized Under the Laws of: ID W 66109	6. Annual Report must be signed.* Signature: Roslyn Muller Date: 06/28/2013 Name (type or print): Roslyn Muller Title: Single-Member Owner		
Processed 06/28/2013		* Electronically provided signatures are accepted as original signatures.	