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|--|-------------------|--|----------|--|---------|-------------|--|
| No. W 17576 | | Due no later than Dec 31, 2013 | | 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. S.P.O.R.T. PHYSICAL THERAPY CLINIC, PLLC KELLY A STEIGER 328 WARNER DR BRYDEN CANYON CENTER LEWISTON ID 83501 USA | | WILLIAM A NEUMAYER 328 WARNER DR BRYDEN CANYON CENTER LEWISTON ID 83501 | | | |
| | | | | 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 | CHRISTOPHER J LEE | 328 WARNER DRIVE BRYDEN CANYON CENTER | LEWISTON | ID | USA | 83501 | |
| MEMBER | MICHAEL F WARD | 328 WARNER DR BRYDEN CANYON CENTER | LEWISTON | ID | USA | 83501 | |
| MEMBER | KELLY A STEIGER | 328 WARNER DR BRYDEN CANYON CENTER | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: ID W 17576 | | 6. Annual Report must be signed.* Signature: Nicki Shears Name (type or print): Nicki Shears Date: 12/27/2013 Title: Business Manager | | | | | |
| Processed 12/27/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |