No. W 12361		Due no later than Jul 31, 2018		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			R LANCE MARSHALL 874 E MADLEE INKOM ID 83245 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ADVANCED PERFORMANCE PHYSICAL THERAPY, PLLC LANCE MARSHALL 333 N 18TH AVE D2		INKOM 1				
NO FILING FEE IF RECEIVED BY DUE DATE		POCATELLO ID 83201-3358						
		mas and Addresses	of at least one Member or Manager					
200		nes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER R LANCE MA		ARSHALL	874 E. MADLEE	INKOM	ID		83245	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: R. L		Date: 05/24/2018				
W 12361		Name (type or		Title: Manager				
Processed 05/24/2018 * Electronically provided signatures are accepted as original signatures.								