

No. W 182412	Due no later than Apr 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. ADVANCE PHYSICAL THERAPY FOR ORTHOPAEDIC AND SPORTS INJURIES, PLLC ALVIN L JONES 9362 OVERLAND RD BOISE ID 83709 USA		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702			
			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	ALVIN L JONES	9362 OVERLAND RD	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 182412		6. Annual Report must be signed.* Signature: Alvin Jones Name (type or print): Alvin Jones Date: 02/25/2018 Title: CEO				
Processed 02/25/2018		* Electronically provided signatures are accepted as original signatures.				