

No. W 185603		Due no later than Jun 30, 2018		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. PROORTHO PHYSICAL THERAPY, PLLC R. LANCE MARSHALL PO BOX 514 INKOM ID 83245		LANCE MARSHALL 2240 E CENTER STREET POCATELLO ID 83201			
				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	
MANAGER	R. LANCE MARSHALL	PO BOX 514	INKOM	ID	USA	83245	
5. Organized Under the Laws of: ID W 185603		6. Annual Report must be signed.* Signature: R Lance Marshall Name (type or print): R Lance Marshall			Date: 06/18/2018 Title: manager		
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.					