

No. W 32467	Due no later than Aug 31, 2016 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.		KEVIN J SGROI PT PA 8475 GOVERNMENT WAY HAYDEN ID 83835			
	JOSHUA TREE PHYSICAL THERAPY, P.L.L.C. KEVIN SGROI 8475 GOVERNMENT WAY 102 HAYDEN ID 83835		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	KEVIN J SGROI	8475 GOVERNMENT WAY	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID W 32467		6. Annual Report must be signed.* Signature: Kevin J Sgroi Name (type or print): Kevin J Sgroi Date: 06/20/2016 Title: Owner/Manager				
Processed 06/20/2016		* Electronically provided signatures are accepted as original signatures.				