

| | | | | | | | |
|--|---------------|---|-------|---|---------|------------------|--|
| No. W 66109 | | Due no later than Aug 31, 2014 | | 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. SAGE PHYSICAL THERAPY, PLLC ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712-8470 USA | | ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712 | | | |
| | | | | 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 | ROSLYN MULLER | 818 SOUTH GRAY EAGLE WAY | BOISE | ID | USA | 83712 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 66109 | | Signature: Roslyn Muller | | | | Date: 08/26/2014 | |
| | | Name (type or print): Roslyn Muller | | | | Title: Owner | |
| Processed 08/26/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |