No. <b>W 143051</b>	Due no later than Oct 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address: Correct in this box if needed.			CHRISTOPHER HANSEN 4619 W STEEPLECHASE DR			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PRECISION PERFORMANCE AND THERAPY, P.L.L.C. CHRISTOPHER HANSEN 4619 W STEEPLECHASE DR			MERIDIAN ID 83646			
	MERIDIAN ID 83646		3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses o	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CHRISTOPHER J HANSEN 4619 W STEEPLECHASE DR			MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:	d Under the Laws of:  6. Annual Report must be signed.*						
ID	Signature: Christopher Hansen			Date: 11/20/2015			
W 143051 Name (type or print): Christopher H		rint): Christopher Hansen		Title: Owner			
Processed 11/20/2015	* Electronically provided signatures are accepted as original signatures.						