

No. W 84474		Due no later than Jun 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ELITE PHYSICAL THERAPY AND HEALTH, LLC CURTIS A MASON 1200 OAKLEY AVE BURLEY ID 83318 USA		CURTIS MASON 583 GREENBRIER DR HEYBURN ID 83336			
				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	CURTIS A MASON	1255 OAKLEY AVE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID W 84474		6. Annual Report must be signed.* Signature: Curtis Mason Name (type or print): Curtis Mason Date: 08/19/2015 Title: CEO					
Processed 08/19/2015		* Electronically provided signatures are accepted as original signatures.					