

No. W 84474		Due no later than Jun 30, 2015 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CURTIS A MASON	Street or PO Address 1255 OAKLEY AVE		City BURLEY	State ID	Country USA	Postal Code 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.							