No. W 114014	Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** PHYSIO ONE PLLC TYLER J BLACKWELDER 8382 N WAYNE DR STE 101 HAYDEN ID 83835	PETER SMITH 601 E FRONT AVE STE 502 COEUR D ALENE ID 83814
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature:

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☒	Tyler Blackwelder		Hayden	ID	USA	83835
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 114014	Signature: Name (type or print): Tyler Blackwelder DPT Date: 2/7/2017 Title: Owner

Issued 02/07/2017 by online