

No. W 58917		Due no later than Feb 28, 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. DOBSON PHYSICAL THERAPY LLC BRENT E DOBSON 1595 SATTERFIELD DR POCATELLO ID 83201		BRENT DOBSON 1595 SATTERFIELD DR POCATELLO 83201	
				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	BRENT DOBSON	1595 SATTERFIELD DR	POCATELLO	ID	83201
MEMBER	SHARLA DOBSON	1595 SATTERFIELD DR	POCATELLO	ID	83201
5. Organized Under the Laws of: ID W 58917		6. Annual Report must be signed.* Signature: Brent Dobson Name (type or print): Brent Dobson Date: 02/23/2015 Title: PT			
Processed 02/23/2015		* Electronically provided signatures are accepted as original signatures.			