

No. W 66109	Due no later than Aug 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712			
	SAGE PHYSICAL THERAPY, PLLC ROSLYN MULLER 818 SOUTH GRAY EAGLE WAY BOISE ID 83712-8470		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	ROSLYN MULLER	818 SOUTH GRAY EAGLE WAY	BOISE	ID		83712
5. Organized Under the Laws of: ID W 66109		6. Annual Report must be signed.* Signature: Roslyn Muller Name (type or print): Roslyn Muller Date: 07/27/2016 Title: Physical Therapist				
Processed 07/27/2016		* Electronically provided signatures are accepted as original signatures.				