

No. W 141718		Due no later than Aug 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MADISON PHYSICAL THERAPY GROUP, PLLC PO BOX 322 REXBURG ID 83440		BRADLEY POOLE 6206 N DISCOVERY WAY BOISE ID 83713			
				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	RIVERSIDE REHABILITATION, PLLC	PO BOX 322	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 141718		6. Annual Report must be signed.* Signature: Bradley B. Poole Name (type or print): Bradley B. Poole					
Date: 09/16/2015		Title: Registered Agent					
Processed 09/16/2015		* Electronically provided signatures are accepted as original signatures.					