

No. W 95483	Due no later than Aug 31, 2018 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. BOISE PHYSIATRY, LLC KATHY DAHLEN 1000 N CURTIS RD STE 202 #202 BOISE ID 83706		VIVEK KADYAN MD 1000 N CURTIS RD STE 202 BOISE ID 83706			
			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	VIVEK KADYAN	1000 N CURTIS RD STE 202	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 95483	6. Annual Report must be signed.* Signature: Kathy Dahlen Name (type or print): Kathy Dahlen		Date: 06/18/2018 Title: ADm			
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.				