

No. W 72436		Due no later than Mar 31, 2014		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. NORTHWEST PHYSICAL MEDICINE AND REHABILITATION, PLLC KEVIN R KRAFFT 6140 W CURTISIAN STE 400 BOISE ID 83704		KEVIN R KRAFFT MD 6140 W CURTISIAN STE 400 BOISE ID 83704			
				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	
MANAGER	KEVIN R KRAFFT	6140 W CURTISIAN STE 400	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 72436		Signature: Kevin R.Krafft				Date: 02/17/2014	
		Name (type or print): Kevin R.Krafft				Title: Manager	
Processed 02/17/2014		* Electronically provided signatures are accepted as original signatures.					