

No. W 17576		Due no later than Dec 31, 2017		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. S.P.O.R.T. PHYSICAL THERAPY CLINIC, PLLC KELLY A STEIGER 328 WARNER DR BRYDEN CANYON CENTER LEWISTON ID 83501		KELLY A STEIGER 328 WARNER DR BRYDEN CANYON CENTER LEWISTON ID 83501		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	MICHAEL F WARD	328 WARNER DR BRYDEN CANYON CENTER	LEWISTON	ID		83501	
5. Organized Under the Laws of: ID W 17576		6. Annual Report must be signed.* Signature: Tina Bowden Name (type or print): Tina Bowden Date: 12/29/2017 Title: Office Manager					
Processed 12/29/2017		* Electronically provided signatures are accepted as original signatures.					