

No. W 12305		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. EAGLE ORTHOPEDIC & SPORTS PHYSICAL THERAPY, P.L.L.C. CHRISTINE BLEFFERT 600 VALLEY CENTRE DR. DRIGGS ID 83422		MICHAEL BLEFFERT 2596 RENDEZVOUS DR DRIGGS ID 83422			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MICHAEL BLEFFERT	2596 RENDEZVOUS DR	DRIGGS	ID	USA	83422	
MANAGER	CHRISTI BLEFFERT	2596 RENDEZVOUS DR	DRIGGS	ID	USA	83422	
5. Organized Under the Laws of: ID W 12305		6. Annual Report must be signed.* Signature: Christine Bleffert Name (type or print): Christine Bleffert Date: 06/29/2017 Title: Managing Member					
Processed 06/29/2017 * Electronically provided signatures are accepted as original signatures.							