

No. <b>W 72436</b>		<b>Due no later than Mar 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> 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	
MEMBER	KEVIN R KRAFFT	6140 W CURTISIAN STE 400	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 72436</b>		Signature: Kevin Krafft				Date: 04/06/2013	
		Name (type or print): Kevin Krafft				Title: Member	
Processed 04/06/2013		* Electronically provided signatures are accepted as original signatures.					