

No. <b>W 72436</b>		<b>Due no later than Mar 31, 2013</b> <b>Annual Report Form</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>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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KEVIN R KRAFFT	Street or PO Address 6140 W CURTISIAN STE 400		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 72436</b>		6. Annual Report must be signed.*  Signature: Kevin Krafft Name (type or print): Kevin Krafft  Date: 04/06/2013 Title: Member					
Processed 04/06/2013      * Electronically provided signatures are accepted as original signatures.							