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| No. W 80378 | | Due no later than Jan 31, 2014 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. WHEELWRIGHT PHYSICAL THERAPY, LLC DALE C WHEELWRIGHT 58 S 520 W BLACKFOOT ID 83221 | | SHAUNA WHEELWRIGHT 58 S 520 W BLACKFOOT ID 83221 USA | | | |
| 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 MEMBER | Name SHAUNA D WHEELWRIGHT | Street or PO Address 58 S. 520 W. | | City BLACKFOOT | State ID | Country USA | Postal Code 83221-6187 |
| 5. Organized Under the Laws of: ID W 80378 | | 6. Annual Report must be signed.* Signature: Shauna Wheelwright Name (type or print): Shauna Wheelwright Date: 12/13/2013 Title: Member | | | | | |
| Processed 12/13/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |