

No. W 80378		Due no later than Jan 31, 2014		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		Annual Report Form 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	
				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	SHAUNA D WHEELWRIGHT	58 S. 520 W.	BLACKFOOT	ID	USA 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.			