

No. <b>W 113427</b>	<b>Due no later than Apr 30, 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		JASON BRUNS 8944 N HESS ST STE B HAYDEN ID 83835			
	NORTH STAR PHYSICAL THERAPY AND WELLNESS P.L.L.C. JASON BRUNS 8944 N HESS ST STE B HAYDEN ID 83835		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	JASON WILLIAM BRUNS	8944 N. HESS ST. STE. B	HAYDEN	ID	USA	83835
5. Organized Under the Laws of:  <b>ID</b> <b>W 113427</b>		6. Annual Report must be signed.* Signature: Jason Bruns Name (type or print): Jason Bruns Date: 06/12/2013 Title: Physical Therapist, Owner				
Processed 06/12/2013		* Electronically provided signatures are accepted as original signatures.				