

No. <b>W 95483</b>	<b>Due no later than Aug 31, 2012</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> BOISE PHYSIATRY, LLC LYNN KELLEY 1000 N CURTIS RD STE 202 BOISE ID 83706	VIVEK KADYAN MD 1000 N CURTIS RD STE 202 BOISE ID 83706				
		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	VIVEK KADYAN	1000 N CURTIS RD STE 202	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID</b> <b>W 95483</b>	6. Annual Report must be signed.* Signature: Lynn Kelley Name (type or print): Lynn Kelley		Date: 06/12/2012 Title: Administrator			
Processed 06/12/2012		* Electronically provided signatures are accepted as original signatures.				