

No. W 23896		Due no later than Apr 30, 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		MICHAEL R MCMARTIN 1000 N CURTIS RD # 202 BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		BOISE REHABILITATION PHYSICIANS, LLC LYNN KELLEY 1000 N CURTIS RD # 202 BOISE ID 83706 USA					
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	MICHAEL R MCMARTIN	1000 N CURTIS RD # 202	BOISE	ID	USA	83706	
MEMBER	VIC KADYAN	1000 N. CURTIS RD #202	BOISE	ID	USA	83706	
MEMBER	RODDE D COX	1000 N CURTIS RD #202	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 23896		Signature: Lynn Kelley		Date: 02/10/2014			
		Name (type or print): Lynn Kelley		Title: Administrator			
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.					