

No. <b>W 23896</b>		<b>Due no later than Apr 30, 2014</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>1. Mailing Address: Correct in this box if needed.</b>  BOISE REHABILITATION PHYSICIANS, LLC LYNN KELLEY 1000 N CURTIS RD # 202 BOISE ID 83706 USA		MICHAEL R MCMARTIN 1000 N CURTIS RD # 202 BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	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:  <b>ID</b> <b>W 23896</b>		6. Annual Report must be signed.*  Signature: Lynn Kelley Name (type or print): Lynn Kelley					
		Date: 02/10/2014 Title: Administrator					
Processed 02/10/2014      * Electronically provided signatures are accepted as original signatures.							