


<b>No. W 172321</b>	<b>Due no later than Oct 31, 2017</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> REBECCA NORRIS 3707 N 4100 E HANSEN ID 83334
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE</b> <b>DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> NORRIS PHYSICAL THERAPY PLLC GREGORY NORRIS 3707 N 4100 E HANSEN ID 83334		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Gregory Norris      3707 N. 4100 E Hansen ID      USA      83334			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">           IDAHO            W 172321         </div>		<b>6.</b> Signature:  <hr/> Name (type or print): <u>Gregory Norris</u> <div style="float: right; text-align: right;">           Date: <u>9-6-17</u>            Title: <u>manager</u> </div>	
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