No. **W 116034**	**Due no later than Jul 31, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** THAYN PHYSICAL THERAPY PLLC ZHOHNANN KATHLEEN PIVA THAYN PO BOX 707 CHALLIS ID 83226	ZHOHNANN KATHLEEN PIVA THAYN 24797 HWY 93 CHALLIS ID 83226 3. New 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	ZHOHNANN KATHLEEN PIVA THAYN	PO BOX 707	CHALLIS	ID	USA	83226

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 116034**	Signature: ZhohnAnn Thayn	Date: 05/16/2013
	Name (type or print): ZhohnAnn Thayn	Title: Owner

Processed 05/16/2013

* Electronically provided signatures are accepted as original signatures.