

No. W 70271		Due no later than Jan 31, 2015 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		1. Mailing Address: Correct in this box if needed. PERFORMANCE THERAPY, LLC STEPHANIE LIDDLE 3125 VALENCIA DR IDAHO FALLS ID 83404		STEPHANIE LIDDLE 593 BEULAHHS IDAHO FALLS 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name STEPHANIE LIDDLE	Street or PO Address 3125 VALENCIA DR		City IDAHO FALLS	State ID	Country USA	Postal Code 82404
5. Organized Under the Laws of: ID W 70271	6. Annual Report must be signed.* Signature: Stephanie Liddle Name (type or print): Stephanie Liddle Date: 02/16/2015 Title: Manager						
Processed 02/16/2015		* Electronically provided signatures are accepted as original signatures.					