No. W 12305		Due no later than Jun 30, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE ORTHOPEDIC & SPORTS PHYSICAL THERAPY, P.L.L.C. CHRISTINE BLEFFERT 600 VALLEY CENTRE DR. DRIGGS ID 83422		2596 REN DRIGGS I	MICHAEL BLEFFERT 2596 RENDEZVOUS DR DRIGGS ID 83422 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar								
200 81 9	Name	ries and Addresse	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL BLEFFERT CHRISTI BLEFFERT		2596 RENDEZVOUS DR 2596 RENDEZVOUS DR	DRIGGS DRIGGS	ID ID	USA USA	83422 83422	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 12305		Signature: Ch		Date: 06/29/2018				
		Name (type o		Title: Co-Manager				
Processed 06/29/2018		* Electronically provided signatures are accepted as original signatures.						