

No. W 72436	Due no later than Mar 31, 2018 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. NORTHWEST PHYSICAL MEDICINE AND REHABILITATION, PLLC KEVIN R KRAFFT PO BOX 45996 BOISE ID 83711-5996	KEVIN R KRAFFT MD 6140 W CURTISIAN STE 400 BOISE ID 83704			
		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
MANAGER	KEVIN R KRAFFT	6140 W CURTISIAN STE 400	BOISE	ID	83704
5. Organized Under the Laws of: ID W 72436	6. Annual Report must be signed.* Signature: Kevin Krafft Date: 02/18/2018 Name (type or print): Kevin Krafft Title: Manager				
Processed 02/18/2018		* Electronically provided signatures are accepted as original signatures.			