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|--|-----------------------|---|--------|--|---------|-------------|--|
| No. W 77796 | | Due no later than Sep 30, 2017 | | 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 | | Annual Report Form | | RYAN J MCALLISTER 86 PARMENTER RD. CARMEN ID 83462 | | | |
| | | 1. Mailing Address: Correct in this box if needed. ADVANTAGE REHABILITATION SERVICES, LLC RYAN J MCALLISTER PO BOX 1083 SALMON ID 83467-1083 | | 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 | |
| MEMBER | RYAN J MCALLISTER | 86 PARMENTER RD. | CARMEN | ID | USA | 83462 | |
| MEMBER | TIFFANIE A MCALLISTER | 86 PARMENTER RD. | CARMEN | ID | USA | 83462 | |
| 5. Organized Under the Laws of: ID W 77796 | | 6. Annual Report must be signed.* Signature: Ryan McAllister Name (type or print): Ryan McAllister | | | | | |
| | | Date: 08/23/2017 Title: Registered Agent | | | | | |
| Processed 08/23/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |