

No. C 118031		Due no later than Jan 31, 2011 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. JOHNSON PHYSICAL THERAPY, P.A. CARL A JOHNSON 5112 LINDEE LANE AMMON ID 83401 USA		CARL A JOHNSON 5112 LINDEE LN AMMON ID 83401			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CARL A JOHNSON	5112 LINDEE LN	AMMON	ID	USA	83401	
5. Organized Under the Laws of: ID C 118031		6. Annual Report must be signed.* Signature: Carl Johnson Name (type or print): Carl Johnson					
		Date: 02/03/2011 Title: Ceo					
Processed 02/03/2011 * Electronically provided signatures are accepted as original signatures.							