

No. <b>C 118031</b>		<b>Due no later than Jan 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  JOHNSON PHYSICAL THERAPY, P.A. CARL A JOHNSON 5112 LINDEE LANE AMMON ID 83401 USA		CARL A JOHNSON 5112 LINDEE LN AMMON ID 83401			
				3. <u>New</u> Registered Agent Signature:*			
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:		6. Annual Report must be signed.*					
<b>ID C 118031</b>		Signature: Carl Johnson				Date: 02/03/2011	
		Name (type or print): Carl Johnson				Title: Ceo	
Processed 02/03/2011		* Electronically provided signatures are accepted as original signatures.					