No. C 210164		Due no later than Jun 30, 2018		2.	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. PHYSICAL THERAPY PLACE INC. (THE) AARON KNOX 232 2ND ST SOUTH NAMPA ID 83651			AARON KNOX 9198 W AVALANCHE CT BOISE ID 83709-8370 3. New Registered Agent Signature:*			
				3.				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasu	urer (opt	ional).			
Office Held	Name		Street or PO Address	C	ity	State	Country	Postal Code
PRESIDENT AARON W K		(NOX	9198 W AVALANCHE CT	В	OISE	ID	USA	83709
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Aaron W. Knox			Date: 04/22/2018			
C 210164		Name (type or print): Aaron W. Knox			Title: President			
Processed 04/22/2018 * Electronically provided signatures are accepted as original signatures.								