No. C 158877				2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KIMBERLY A MAZIK 810 S MAIN STE 7A HAILEY ID 83333			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		HAILEY SPORT & SPINE PHYSICAL THERAPY, PA KIMBERLY A MAZIK PO BOX 1693		HAILET				
		HAILEY ID 83333		3. <u>New</u> Reg	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter N	Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	STEVEN P (CARLISLE	PO BOX 1693	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 158877		Signature: Steve Carlisle			Date: 01/10/2012			
		Name (type o		Title: Secretary				
Processed 01/10/2012	_	* Electronically provided signatures are accepted as original signatures.						