

No. C 96074	Due no later than Aug 31, 2018 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. SUN VALLEY SPORTS REHABILITATION CLINIC, INC. COLLEEN COYNE PO BOX 2062 KETCHUM ID 83340	COLLEEN COYNE 245 RAVEN RD KETCHUM ID 83340	
		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
TREASURER	ROSEMARY COUPE	BOX 2036	HAILEY ID USA 83333
SECRETARY	KAROLINE DROEGE	BOX 1799	KETCHUM ID USA 83340
PRESIDENT	COLLEEN ANN COYNE	BOX 2062	KETCHUM ID USA 83340
5. Organized Under the Laws of: ID C 96074	6. Annual Report must be signed.* Signature: Kelly Arial Date: 09/24/2018 Name (type or print): Kelly Arial Title: Controller		
Processed 09/24/2018	* Electronically provided signatures are accepted as original signatures.		