

No. <b>C 91837</b>		Due no later than Mar 31, 2017		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> IDAHO PHYSICAL MEDICINE AND REHABILITATION, P.A. TIFFANY B MECHAM, ADMINISTRATOR PO BOX 1128 BOISE ID 83701		ROBERT H. FRIEDMAN, M.D. 600 N ROBBINS RD STE 300 BOISE ID 83702		
				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	ROBERT L FRIEDMAN	PO BOX 1128	BOISE	ID	USA	83701
TREASURER	MARK J HARRIS	PO BOX 1128	BOISE	ID	USA	83701
VICE PRESIDENT	MONTE H MOORE	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	NANCY E GREENWALD	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	BARBARA E QUATTRONE	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	MICHEAL O SANT	PO BOX 1128	BOISE	ID	USA	83701
SECRETARY	CHRISTIAN G GUSSNER	PO BOX 1128	BOISE	ID	USA	83701
5. Organized Under the Laws of:  <b>ID C 91837</b>		6. Annual Report must be signed.* Signature: Tiffany Mecham Name (type or print): Tiffany Mecham				
Processed 01/23/2017		Date: 01/23/2017 Title: Administrator				
* Electronically provided signatures are accepted as original signatures.						