No. C 131319	Due no later than Nov 30, 2013	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 CLINIC, INC. KATHY HEALD PO BOX 1107 SALMON ID 83467	NAN BRYANT 802 SHOUP ST SALMON ID 83467 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	ness Addresses of President, Secretary, and Directors. Treasurer				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY KATHY HEA DIRECTOR JOHN BRYA PRESIDENT NAN BRYAN	LD PO BOX 1107 NT PO BOX 1107	SALMON SALMON SALMON	ID ID ID ID	USA USA USA	83467 83467 83467
5. Organized Under the Laws of: 6. Annual Report must be signed.*					
ID C 131319	Signature: Nan Bryant Name (type or print): Nan Bryant	Date: 09/23/2013 Title: President			
Processed 09/23/2013 * Electronically provided signatures are accepted as original signatures.					