

No. C 172593		Due no later than Apr 30, 2013 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. LEE PHYSICAL THERAPY, P.C. DEBBIE HALL 18 E MAIN ST STE 1 MIDDLETON ID 83644 USA		BRIAN LEE 18 E MAIN ST STE 1 MIDDLETON ID 83644			
				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	BRIAN W LEE	18 E MAIN ST STE 1	MIDDLETON	ID	USA	83644	
5. Organized Under the Laws of: ID C 172593		6. Annual Report must be signed.* Signature: Debbie Hall Name (type or print): Debbie Hall Date: 04/30/2013 Title: Office Manager					
Processed 04/30/2013		* Electronically provided signatures are accepted as original signatures.					