

No. C 95418		Due no later than May 31, 2010 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. GATE CITY PHYSICAL THERAPY, P.A. MICHAEL OTTO 1951 E BENCH STE E POCATELLO ID 83201		ARCHIE W SERVICE 2043 E CENTER ST POCATELLO ID 83201	
				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	MICHAEL E OTTO	773 BOYD ST	CHUBBUCK	ID	USA 83202
5. Organized Under the Laws of: ID C 95418		6. Annual Report must be signed.* Signature: Michael Otto Name (type or print): Michael Otto Date: 03/16/2010 Title: President			
Processed 03/16/2010		* Electronically provided signatures are accepted as original signatures.			