No. C 137397		Due no later than Jan 31, 2017			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. BRENT RANDALL THERAPY, P.A. BRENT D RANDALL 230 CAYUSE CREEK DRIVE KIMBERLY ID 83341		BRENT RANDALL 230 CAYUSE CREEK DRIVE KIMBERLY ID 83341 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT E	BRENT D RA	ANDALL	230 CAYUSE CREEK DRIVE		KIMBERLY	ID	USA	83341
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brent Randall			Date: 01/31/2017			
C 137397		Name (type or print): Brent Randall			Title: President			
Processed 01/31/2017 * Electronically provided signatures are accepted as original signatures.								