No. <b>C 170697</b>		Due no later than Jan 31, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PAULA LUND MPT 30336 HWY 200 STE B PONDERAY 83852  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CARIBOU PHYSICAL THERAPY, P.C. PAULA LUND MPT 30336 HWY 200 STE B PONDERAY ID 83852						
RECEIVED B		ass Addresses of	f President, Secretary, and Directors. Treas	curer (or	otional)			
Office Held	Name	ess Addi esses of	Street or PO Address		City	State	Country	Postal Code
PRESIDENT	IT PAULA A LUND		22 ROUNDHOUSE CIRCLE		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 170697		Signature: Paula Lund			Date: 01/20/2015			
		Name (type or print): Paula Lund			Title: owner/president			
Processed 01/20/20	15	* Electronically	provided signatures are accepted as origina	al signat	ures.			_