No. C 136412		Annual Report Form 1. Mailing Address: Correct in this box if needed. MLDO PHYSICAL THERAPY, P.C. MARIJKE ONSRUD PO BOX 541		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MLDO F MARIJK PO BOX			MARIJKE ONSRUD 695 PALISADE TRAIL DRIGGS ID 83422 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DA		ses of President, Secretary, and Directors. Treasu	ror (ontional)				
Office Held Names		Street or PO Address	City	State	Country	Postal Code	
	RIJKE ONSRUD	695 PALISADE TRAIL	DRIGGS	ID	USA	83422	
5. Organized Under the Laws (ID C 136412	Signatu	6. Annual Report must be signed.* Signature: Marijke L Onsrud Name (type or print): Marijke L Onsrud Title: President					
Processed 10/02/2014	* Electroni	* Electronically provided signatures are accepted as original signatures.					