

No. C 152967		Due no later than Feb 28, 2011 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. PHYSICAL THERAPY CENTERS OF IDAHO, P.C. DAVID S RAY 8854 W EMERALD STE 280 BOISE ID 83704		DAVID S RAY 8854 W EMERALD STE 280 BOISE ID 83704			
						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	
SECRETARY	JILL S RAY	8854 W EMERALD ST STE 280	BOISE	ID	USA	83704	
PRESIDENT	DAVID S RAY	8854 W EMERALD ST STE 280	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 152967		6. Annual Report must be signed.* Signature: David Ray Name (type or print): David Ray					
		Date: 12/13/2010 Title: owner/President					
Processed 12/13/2010		* Electronically provided signatures are accepted as original signatures.					