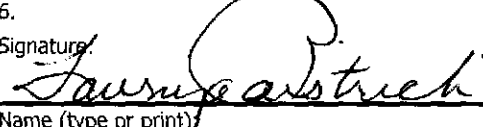
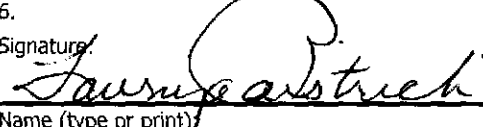
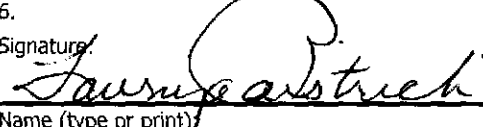


No. <b>C 146420</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TAWNYA RAISTRICK 1673 W SHORELINE DR STE 230 BOISE ID 83702																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> FOOTHILLS PHYSICAL THERAPY, P.A. TAWNYA RAISTRICK 1673 SHORELINE DR STE 230 BOISE ID 83702		3. <u>New</u> Registered Agent Signature.																												
<b>REINSTATEMENT FEE DUE: \$30.00</b>																															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Treasurer</td> <td>Tawnya Raistrick</td> <td>1673 Shoreline Dr Ste 230</td> <td></td> <td></td> <td></td> <td>Boise ID 83702</td> </tr> <tr> <td>Secretary</td> <td>Nicholaus Woods</td> <td>same</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>President</td> <td>J Brooks Aberg</td> <td>Same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Treasurer	Tawnya Raistrick	1673 Shoreline Dr Ste 230				Boise ID 83702	Secretary	Nicholaus Woods	same					President	J Brooks Aberg	Same				
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5. Organized Under the Laws of:  <b>IDAHO C 146420</b>	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <b>3-2-18</b></td> </tr> <tr> <td>Name (type or print): <b>TAWNYA RAISTRICK</b></td> <td>Title: <b>CEO</b></td> </tr> </table>			Signature: 	Date: <b>3-2-18</b>	Name (type or print): <b>TAWNYA RAISTRICK</b>	Title: <b>CEO</b>																								
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