No. <b>C 138172</b>		TO AND DESIGNATION OF THE CONTROL OF		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARK E MORGAN PT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BOULDER MOUNTAIN PHYSICAL THERAPY AND SPORTS REHAB P.A.  MARK E MORGAN, PT PO BOX 1191  HAILEY ID 83333		HAILEY ID	221 SOUTH RIVER ST. HAILEY ID 83333  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Corporations: Enter I	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARK E MORGAN		P. O. BOX 1191	HAILEY	ID	USA	83333-1191	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mark Morgan			Date: 01/27/2018			
C 138172		Name (type or print): Mark Morgan			Title: President			
Processed 01/27/2018 * Electronically provided signatures are accepted as original signatures.								