

No. C 117721		Due no later than Jan 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HANDS-ON PHYSICAL THERAPY, P.A. BEN J CHOW 5255 OVERLAND RD BOISE ID 83705-2637		BRIDGET C CHOW 5255 OVERLAND RD BOISE ID 83705-2637		
				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	BEN J CHOW	5255 OVERLAND ROAD	BOISE	ID	USA	83705-2637
PRESIDENT	BRIDGET C CHOW	5255 OVERLAND ROAD	BOISE	ID	USA	83705-2637
DIRECTOR	BEN J CHOW	5255 OVERLAND ROAD	BOISE	ID	USA	83705-2637
DIRECTOR	BRIDGET C CHOW	5255 OVERLAND ROAD	BOISE	ID	USA	83705-2637
5. Organized Under the Laws of: ID C 117721		6. Annual Report must be signed.* Signature: REISSE PERIN Name (type or print): REISSE PERIN Date: 11/18/2015 Title: CPA				
Processed 11/18/2015		* Electronically provided signatures are accepted as original signatures.				