

No. C 148521	Due no later than Apr 30, 2013 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. PHYSIOTHERAPY, P.A. DAVID FLECKENSTEIN PO BOX 1328 EAGLE ID 83616	DAVID FLECKENSTEIN 533 S RIVERSHORE LN. STE 120 EAGLE ID 83616
		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
PRESIDENT	DAVID A FLECKENSTEIN	P.O. BOX 1328
City	State	Country
EAGLE	ID	USA
Postal Code	83616	
5. Organized Under the Laws of: ID C 148521	6. Annual Report must be signed.* Signature: David A. Fleckenstein Name (type or print): David A. Fleckenstein Date: 04/03/2013 Title: President	
Processed 04/03/2013 * Electronically provided signatures are accepted as original signatures.		