

No. <b>C 131319</b>		<b>Due no later than Nov 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> PHYSICAL THERAPY CLINIC, INC. KATHY HEALD PO BOX 1170 SALMON ID 83467		NAN BRYANT 802 SHOUP ST SALMON ID 83467		
				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	KATHY HEALD	PO BOX 1170	SALMON	ID	USA	83467
DIRECTOR	JOHN BRYANT	PO BOX 1170	SALMON	ID	USA	83467
PRESIDENT	NAN BRYANT	PO BOX 1170	SALMON	ID	USA	83467
5. Organized Under the Laws of:  <b>ID C 131319</b>		6. Annual Report must be signed.* Signature: Kathy Heald Name (type or print): Kathy Heald  Date: 12/17/2012 Title: Secretary				
Processed 12/17/2012		* Electronically provided signatures are accepted as original signatures.				