

No. C 123474		Due no later than Apr 30, 2013		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. TRI-CITY PHYSICAL THERAPY, P.C. CODY D STEPHENS 215 N WHITLEY STE A FRUITLAND ID 83619		ROBERT C MONTGOMERY 2160 S TWIN RAPID WAY BOISE ID 83709			
				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	
DIRECTOR	CODY D STEPHENS	215 N. WHITLEY DR. SUITE A	FRUITLAND	ID	USA	83619	
SECRETARY	JILL A. STEPHENS	215 N. WHITLEY DR. SUITE A	FRUITLAND	ID	USA	83619	
PRESIDENT	CODY D STEPHENS	215 N WHITLEY DRIVE SUITE 1	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 123474		Signature: Cody D. Stephens				Date: 02/12/2013	
		Name (type or print): Cody D. Stephens				Title: Owner, President	
Processed 02/12/2013		* Electronically provided signatures are accepted as original signatures.					