No. C 149927		Due no later than Jul 31, 2018	2. Registered	2. Registered Agent and Address (NO PO BOX) JON "JACK" C MORRIS 1809 BINGHAM NAMPA ID 83651 3. New Registered Agent Signature:*			
Return to:		Annual Report Form	10 070007-04 No. 4 of Control				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MORRIS PHYSICAL THERAPY, INC. JACK C MORRIS 1809 BINGHAM NAMPA ID 83651	NAMPA ID				
RECEIVED B		ness Addresses of President, Secretary, and Directors. Treas	urer (ontional)				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JACK C MO	ORRIS 1809 BINGHAM DRIVE	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 149927		Signature: CINDY LANE	Date: (Date: 05/23/2018			
		Name (type or print): CINDY LANE Title: OFFICE MANAGER					
Processed 05/23/20	18	* Electronically provided signatures are accepted as origina	l signatures.				