

|  |                   |  |         |  |         |             |  |
|--|-------------------|--|---------|--|---------|-------------|--|
| No. <b>C 96074</b>   |                   | Due no later than Aug 31, 2017<br><b>Annual Report Form</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>SUN VALLEY SPORTS REHABILITATION CLINIC, INC.<br>COLLEEN COYNE<br>PO BOX 2062<br>KETCHUM ID 83340 |         | COLLEEN COYNE<br>245 RAVEN RD<br>KETCHUM ID 83340  |         |             |  |
|  |                   |  |         | 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 |  |
| TREASURER  | ROSEMARY COUPE    | BOX 2036   | HAILEY  | ID   | USA     | 83333       |  |
| SECRETARY  | KAROLINE DROEGE   | BOX 1799   | KETCHUM | ID   | USA     | 83340       |  |
| PRESIDENT  | COLLEEN ANN COYNE | BOX 2062   | KETCHUM | ID   | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 96074</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Gina Uberuaga<br>Name (type or print): Gina Uberuaga   |         |  |         |             |  |
|  |                   | Date: 06/20/2017<br>Title: Accountant  |         |  |         |             |  |
| Processed 06/20/2017   |                   | * Electronically provided signatures are accepted as original signatures.  |         |  |         |             |  |