

No. C 100987		Due no later than Feb 28, 2014 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. COEUR D'ALENE PHYSICAL THERAPY AND SPORTS MEDICINE, P.A. GARY F BARTOO 1875 N LAKEWOOD DR #101 COEUR D'ALENE ID 83814 USA		GARY F BARTOO 1875 N LAKEWOOD DR #101 COEUR D'ALENE ID 83814			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held SECRETARY	Name AMY S BARTOO	Street or PO Address 1875 N. LAKEWOOD DR #101	City COEUR D' ALENE	State ID	Country USA	Postal Code 83814	
5. Organized Under the Laws of: ID C 100987		6. Annual Report must be signed.* Signature: Gary Bartoo Name (type or print): Gary Bartoo Date: 01/22/2014 Title: Owner					
Processed 01/22/2014 * Electronically provided signatures are accepted as original signatures.							