

No. <b>C 100987</b>		<b>Due no later than Feb 28, 2014</b>		<b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> 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		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	AMY S BARTOO	1875 N. LAKEWOOD DR #101	COEUR D' ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>ID C 100987</b>		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.					