

No. <b>C 131980</b>		<b>Due no later than Jan 31, 2013</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MOUNTAIN HOME PHYSICAL THERAPY, P.C. SCOTT W SESSIONS 230 E 5TH N MOUNTAIN HOME ID 83647 USA		SCOTT W SESSIONS 230 E 5TH N MOUNTAIN HOME ID 83647			
				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	STEPHANIE L SESSIONS	230 EAST 5TH NORTH	MOUNTAIN HOME	ID	USA	83647	
PRESIDENT	SCOTT W SESSIONS	230 EAST 5TH NORTH	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of:  <b>ID C 131980</b>		6. Annual Report must be signed.* Signature: Scott W. Sessions Name (type or print): Scott W. Sessions					
Date: 02/12/2013 Title: President							
Processed 02/12/2013		* Electronically provided signatures are accepted as original signatures.					