

No. C 197946		Due no later than Mar 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOVE UP PHYSICAL THERAPY INC. WALLACE L ARAVE 1460 N 800 E SHELLEY ID 83274 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				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	
DIRECTOR	WALLACE L ARAVE	1460 N 800 E	SHELLEY	ID	USA	83274	
SECRETARY	CAROLYN M ARAVE	1460 N 800 E	SHELLEY	ID	USA	83274	
PRESIDENT	WALLACE L ARAVE	1460 N 800 E	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: ID C 197946		6. Annual Report must be signed.* Signature: Wallace L ARAVe Name (type or print): Wallace L ARAVe Date: 03/31/2014 Title: President					
Processed 03/31/2014		* Electronically provided signatures are accepted as original signatures.					