No. <b>C 149942</b>	Due no later than Jul 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	DAVID B LITTLE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	731 BUCKINGHAM DR TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FAMILY PHYSICAL THERAPY & SPORTS MEDICINE CLINIC, INC. DAVE B LITTLE	3. New Registered Agent Signature:*			
	731 BUCKINGHAM DR				
NO FILING FEE IF	TWIN FALLS ID 83301				
RECEIVED BY DUE DATE					
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
PRESIDENT DAVID B LI	TTLE 731 BUCKINGHAM DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: DAVID LITLE	Date: 06/14/2017			
C 149942	Name (type or print): DAVID LITLE	Title: PRESIDENT			
Processed 06/14/2017	* Electronically provided signatures are accepted as original signatures.				