

No. C 194761		Due no later than May 31, 2017 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. DEVOE PHYSICAL THERAPY INC CARA DEVOE 95 HARVARD ST POCATELLO ID 83201		CARA DEVOE 95 HARVARD ST POCATELLO ID 83201			
						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	
PRESIDENT	CARA DEVOE	95 HARVARD ST.	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 194761		6. Annual Report must be signed.* Signature: Cara DeVoe Name (type or print): Cara DeVoe					
		Date: 06/17/2017 Title: President					
Processed 06/17/2017 * Electronically provided signatures are accepted as original signatures.							