

No. C 157999		Due no later than Dec 31, 2012		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. KURAN PHYSICAL THERAPY, P.A. IVANKA KURAN 5435 N MARTHA LOOP COEUR D'ALENE ID 83815 USA		IVANKA KURAN 5435 N MARTHA LOOP COEUR D'ALENE ID 83815	
				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	IVANKA C KURAN	5435 N. MARTHA LOOP	COEUR D ALENE	ID	USA 83815-9143
5. Organized Under the Laws of: ID C 157999		6. Annual Report must be signed.* Signature: Ivanka Kuran Name (type or print): Ivanka Kuran Date: 11/05/2012 Title: President			
Processed 11/05/2012		* Electronically provided signatures are accepted as original signatures.			