

No. C 138172		Due no later than Mar 31, 2010		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. BOULDER MOUNTAIN PHYSICAL THERAPY AND SPORTS REHAB P.A. MARK E MORGAN, PT PO BOX 1191 HAILEY ID 83333 USA		MARK E MORGAN PT 507 S MAIN ST HAILEY ID 83333		
				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
TREASURER	LEA F MORGAN	P. O. BOX 1191	HAILEY	ID	USA	83333-8333
SECRETARY	LEA F MORGAN	P. O. BOX 1191	HAILEY	ID	USA	83333-8333
PRESIDENT	MARK E MORGAN	P. O. BOX 1191	HAILEY	ID	USA	83333-8333
5. Organized Under the Laws of: ID C 138172		6. Annual Report must be signed.* Signature: Mark Morgan Name (type or print): Mark Morgan Date: 02/15/2010 Title: Owner				
Processed 02/15/2010		* Electronically provided signatures are accepted as original signatures.				