

No. C 156602		Due no later than Sep 30, 2015 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		1. Mailing Address: Correct in this box if needed. PHYSICAL THERAPY & SPORTS MEDICINE INSTITUTE, INC. MICHAEL WHITING PO BOX 609 HAYDEN ID 83835 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	SAMANTHA WHITING	11388 N CATTLE DR	HAYDEN	ID	USA	83835	
PRESIDENT	MICHAEL WHITING	11388 N CATTLE DR	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID C 156602		6. Annual Report must be signed.* Signature: Michael Whiting Name (type or print): Michael Whiting					
		Date: 07/21/2015 Title: President					
Processed 07/21/2015		* Electronically provided signatures are accepted as original signatures.					