FILED EFFECTIVE

No. C 169870	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010	2. Registered Agent and Office (NOT A P.O. BOX) TODD STORMS 2767 HONEYSUCKLE RD IDAHO FALLS ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PHYSICAL THERAPY MANAGEMENT SERVICES INC TODD STORMS 2767 HONEYSUCKLE RD IDAHO FALLS ID 83406	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Pres	Todd Storms	2767 Honeysuckle	I.F	ID		83406
Sec	Iris Storms	"	"	"		"

5. Organized Under the Laws of:	6.
IDAHO C 169870	Signature: [signature] Date: 9/10/10 Name (type or print): Todd Storms Title: Pres

Issued 09/10/2010 by KAH