No. <b>C 170697</b>	Due no later than Jan 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address: Correct in this box if needed.	PAULA LUND MPT 30336 HWY 200 STE B			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CARIBOU PHYSICAL THERAPY, P.C. PAULA LUND MPT 30336 HWY 200 STE B	PONDERAY ID 83852			
	PONDERAY ID 83852	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
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 PAULA A L	UND 22 ROUNDHOUSE CIRCLE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Paula Lund	Date: 11/27/2013			
C 170697	Name (type or print): Paula Lund	Title: President			
Processed 11/27/2013	* Electronically provided signatures are accepted as original signatures.				