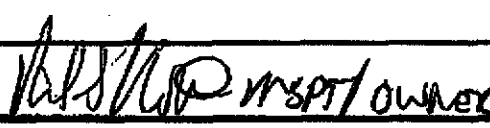


No. C 143106		Due no later than Mar 31, 2009		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		DERRICK NORTHRUP 4473 FOX COURT CHUBBUCK ID 83202	
		1. Mailing Address: Correct in this box if needed. NORTHRUP PHYSICAL THERAPY, PC 4650 HAWTHORNE Rd. SUITE 2 B 4473 FOX COURT CHUBBUCK ID 83202		3. <u>Not</u> Registered Agent Signature.	
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
OWNER	DERRICK S. NORTHRUP MSPT	4650 HAWTHORNE Rd SUITE 2 B	CHUBBUCK, ID	USA	83202
5. Organized Under the Laws of: IDAHO C 143106		6. Signature:  Date: 4/7/09 Name (type or print): DERRICK S. NORTHRUP, MSPT Title: OWNER			
Issued 04/07/2009 by SL1					
200903003228					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM