No. C 143106	Due no later than Mar 31, 2009 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) DERRICK NORTHRUP 4473 FOX COURT CHUBBUCK ID 83202
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTHRUP PHYSICAL THERAPY, PC 4650 HAWTHORNE Rd. SUITE 2B ~~4473 FOX COURT~~ CHUBBUCK ID 83202	3. New 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	[redacted] 4650 HAWTHORNE RD SUITE 2B	CHUBBUCK, ID, USA			83202

5. Organized Under the Laws of:	6. Signature: MSPT/OWNER Date: 4/7/09
IDAHO C 143106	Name (type or print): DERRICK S. NORTHRUP, MSPT Title: OWNER

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM