No. **C 127039**	**Due no later than Jan 31, 2015**	2. Registered Agent and Address **(NO PO BOX)**

Return to:		

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address: Correct in this box if needed.

NEW DAY PHYSICAL THERAPY, P.C.
KIMBERLY W SCHWARZE
1951 BENCH RD STE E
POCATELLO ID 83201
USA

2. Registered Agent and Address **(NO PO BOX)**

JONI D VAUGHN-POWELL
2174 COLONIAL
POCATELLO   83201

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	KIMBERLY W SCHWARZE	1487 SATTERFIELD DR.	POCATELLO	ID	USA	83201
PRESIDENT	JONI D VAUGN-POWELL	2174 COLONIAL	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 127039**	Signature: Kimberly Schwarze	Date: 11/22/2014
	Name (type or print): Kimberly Schwarze	Title: Owner

Processed 11/22/2014	* Electronically provided signatures are accepted as original signatures.