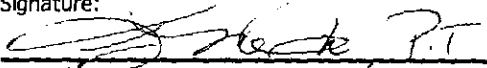


No. C 158877	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE			1. Mailing Address: Correct in this box if needed. HAILEY SPORT & SPINE PHYSICAL THERAPY, PA KIMBERLY A MAZIK PO BOX 5786 HAILEY ID 83333	KIMBERLY A MAZIK 1014 BUSINESS PARK DR. SUITE A HAILEY ID 83333													
3. <u>New</u> Registered Agent Signature.																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Kimberly A Mazik</td> <td>1014 Business Park, Drive, Suite A</td> <td>Hailey, Id.</td> <td>USA</td> <td></td> <td>83333</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Kimberly A Mazik	1014 Business Park, Drive, Suite A	Hailey, Id.	USA		83333
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Kimberly A Mazik	1014 Business Park, Drive, Suite A	Hailey, Id.	USA		83333											
5. Organized Under the Laws of: IDAHO C 158877	6. Signature:  Name (type or print): KIMBERLY A. MAZIK			Date: 12-12-16 Title: PRESIDENT													