

No. C 95418	Due no later than May 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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. GATE CITY PHYSICAL THERAPY, P.A. MICHAEL OTTO 1951 E BENCH STE E POCATELLO ID 83201 USA		ARCHIE W SERVICE 2043 E CENTER ST POCATELLO ID 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
PRESIDENT	MICHAEL E OTTO	773 BOYD ST	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of: ID C 95418		6. Annual Report must be signed.* Signature: michael Otto Name (type or print): michael Otto		Date: 03/20/2013 Title: Owner		
Processed 03/20/2013		* Electronically provided signatures are accepted as original signatures.				