No. C 143106	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015	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	**1. Mailing Address: Correct in this box if needed.** NORTHRUP PHYSICAL THERAPY, PC 4650 HAWTHORNE RD STE 2B CHUBBUCK ID 83202	DERRICK NORTHRUP 4650 HAWTHORNE RD STE 2B CHUBBUCK ID 83202
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
OWNER/PRESIDENT	DERRICK S. NORTHRUP, MSPT	4650 HAWTHORNE Rd, SUITE 2B,	CHUBBUCK,	ID,	USA	83202

5. Organized Under the Laws of:	6. Signature: MSPT/OWNER	Date: 9/7/18
IDAHO C 143106	Name (type or print): DERRICK S. NORTHRUP, MSPT/OWNER	Title: OWNER

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