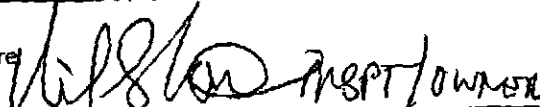


No. C 143106	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) DERRICK NORTHRUP 4650 HAWTHORNE RD STE 2B CHUBBUCK ID 83202														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. NORTHRUP PHYSICAL THERAPY, PC 4650 HAWTHORNE RD STE 2B CHUBBUCK ID 83202		3. New Registered Agent Signature.														
REINSTATEMENT FEE DUE: \$30.00		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>OWNER/PRESIDENT</td> <td>DERRICK S. NORTHRUP, MSPT</td> <td>4650 HAWTHORNE RD, SUITE 2B,</td> <td>CHUBBUCK,</td> <td>ID,</td> <td>USA</td> <td>83202</td> </tr> </tbody> </table>		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
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
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5. Organized Under the Laws of: IDAHO C 143106	6. Signature:  Name (type or print): DERRICK S. NORTHRUP, MSPT/OWNER		Date: 9/7/18 Title: OWNER														