

No. C 139998		Due no later than Jul 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. COEUR D'ALENE HAND THERAPY AND HEALING CENTER, P.A. VIRGINIA TAFT 2448 MERRITT CREEK LOOP COEUR D'ALENE ID 83814		VIRGINIA TAFT 2448 MERRITT CREEK LOOP COEUR D'ALENE ID 83814			
				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	VIRGINIA E TAFT	804 E BIRCH AVE	COEUR D ALENE	ID	USA	83814-4953	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 139998		Signature: Amelia Deardorff			Date: 06/04/2013		
		Name (type or print): Amelia Deardorff			Title: Bookkeeper		
Processed 06/04/2013		* Electronically provided signatures are accepted as original signatures.					