No. C 213906	Due no later than May 31, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	SCOTT TREAT			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	3898 TAYLORVIEW LANE			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PHYSICAL THERAPY CONTRACT SERVICES INC SCOTT TREAT 2539 CHANNING WAY	IDAHO FALLS	IDAHO FALLS ID 83406 3. New Registered Agent Signature:*		
	STE 220	3. New Register			
NO FILING FEE IF	IDAHO FALLS ID 83404				
RECEIVED BY DUE DATE					
4. Corporations: Enter Names and B	siness Addresses of President, Secretary, and Directors. Treasure	(optional).			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT SCOTT	REAT 3898 TAYLORVIEW LANE	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: SCOTT TREAT	Date: 05/09/2018			
C 213906	Name (type or print): SCOTT TREAT	Title: PRES			
Processed 05/09/2018	* Electronically provided signatures are accepted as original signatures.				