

No. C 165106		Due no later than Feb 28, 2014 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. CANYON HAND THERAPY, INC. TRAVIS J NEWTON 987 SKYLINE DRIVE TWIN FALLS ID 83301 USA		TRAVIS J NEWTON 987 SKYLINE DRIVE TWIN FALLS ID 83301			
						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	TRAVIS J NEWTON	987 SKYLINE DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 165106		6. Annual Report must be signed.* Signature: Travis J Newton Name (type or print): Travis J Newton Date: 12/14/2013 Title: President					
Processed 12/14/2013 * Electronically provided signatures are accepted as original signatures.							