

No. C 127039		Due no later than Jan 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NEW DAY PHYSICAL THERAPY, P.C. KIMBERLY W SCHWARZE 1951 BENCH RD STE E POCATELLO ID 83201		JONI D VAUGHN-POWELL 1951 BENCH RD STE E POCATELLO ID 83201			
				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	
TREASURER	KIMBERLY W SCHWARZE	1487 SATTERFIELD DR.	POCATELLO	ID	USA	83201	
PRESIDENT	JONI D VAUGHN-POWELL	2174 COLONIAL	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 127039		Signature: Kimberly Schwarze				Date: 03/08/2018	
		Name (type or print): Kimberly Schwarze				Title: Treasurer	
Processed 03/08/2018		* Electronically provided signatures are accepted as original signatures.					