

No. C 158047	Due no later than Dec 31, 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. THORESON PHYSICAL THERAPY, P.A. NATE THORESON 1132 E POLSTON POST FALLS ID 83854 USA	NATE THORESON 1132 E POLSTON POST FALLS 83854 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	NATE THORESON	1132 E POLSTON AVE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID C 158047	6. Annual Report must be signed.* Signature: Nate Thoreson Name (type or print): Nate Thoreson		Date: 10/20/2014 Title: President			
Processed 10/20/2014		* Electronically provided signatures are accepted as original signatures.				