

No. C 140727		Due no later than Sep 30, 2016 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. PHILLIPS THERAPY INCORPORATED HEATHER A HORA PO BOX 761 VICTOR ID 83455		HEATHER A HORA 729 PINE MOUNTAIN DR VICTOR ID 83455			
						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	HEATHER A HORA	PO BOX 761	VICTOR	ID	USA	83455	
5. Organized Under the Laws of: ID C 140727		6. Annual Report must be signed.* Signature: heather hora Name (type or print): heather hora					
		Date: 08/03/2016 Title: president					
Processed 08/03/2016 * Electronically provided signatures are accepted as original signatures.							