

No. <b>C 140727</b>		<b>Due no later than Sep 30, 2016</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID C 140727</b>		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.					