No. C 157999		Due no later than Dec 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		IVANKA KURAN 1716 N. AMMON PLACE COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KURAN PHYSICAL THERAPY, P.A. IVANKA KURAN 1716 N. AMMON PLACE COEUR D'ALENE ID 83814						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Tre	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT IVANKA C KUF		KURAN	1716 N. AMMON PLACE		COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ivanka Kuran		Date: 01/01/2017				
C 157999		Name (type or print): Ivanka Kuran		Title: President				
Processed 01/01/2017 * Electronically provided signatures are accepted as original signatures.								