

No. C 176133	Due no later than Dec 31, 2017 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. PRO-NATION THERAPY NETWORK INC JIM JOHNSON 516 S WOODDALE PL EAGLE ID 83616		JIM P JOHNSON 516 S WOODDALE PL EAGLE ID 83616			
			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	JIM P JOHNSON	516 S WOODDALE PLACE	EAGLE	ID	USA	83616
SECRETARY	KARA L JOHNSON	516 S WOODDALE PL	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID C 176133	6. Annual Report must be signed.* Signature: Kara L Johnson Name (type or print): Kara L Johnson		Date: 11/02/2017 Title: Owner			
Processed 11/02/2017		* Electronically provided signatures are accepted as original signatures.				