

No. C 127039		Due no later than Jan 31, 2012 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		1. Mailing Address: Correct in this box if needed. NEW DAY PHYSICAL THERAPY, P.C. KIMBERLY W SCHWARZE 1951 BENCH RD STE E POCATELLO ID 83201 USA		JONI D VAUGHN-POWELL 2174 COLONIAL POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
TREASURER	KIMBERLY W SCHWARZE	1487 SATTERFIELD DR.	POCATELLO	ID	USA	83201	
PRESIDENT	JONI D VAUGHN-POWELL	2174 COLONIAL	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 127039		6. Annual Report must be signed.* Signature: Kimberly Schwarze Name (type or print): Kimberly Schwarze					
		Date: 12/26/2011 Title: Treasurer					
Processed 12/26/2011		* Electronically provided signatures are accepted as original signatures.					