

No. C 53569	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) DAN DESFOSSES 2181 SATTERFIELD POCATELLO ID 83201	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. POCATELLO PHYSICAL THERAPY CLINIC, P.A. DAN DESFOSSES 560 MEMORIAL DR 1033 W Quinn Rd POCATELLO ID 83201		3. Now Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
President	Dan Desfosses	1033 W Quinn Rd	Pocatello	ID USA 83201
Secretary	C. Ric Benedetti	1033 W Quinn Rd	Pocatello	ID USA 83201
5. Organized Under the Laws of: IDAHO C 53569		6. Signature:  Date: 12/28/10 Name (type or print): Dan Desfosses PT Title: President		
Issued 12/28/2010 by DK1				