

No. <b>C 138172</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BOULDER MOUNTAIN PHYSICAL THERAPY AND SPORTS REHAB P.A. MARK E MORGAN, PT PO BOX 1191 HAILEY ID 83333		MARK E MORGAN PT 221 SOUTH RIVER ST. HAILEY ID 83333			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	MARK E MORGAN	P. O. BOX 1191	HAILEY	ID	USA	83333-1191	
5. Organized Under the Laws of:  <b>ID</b> <b>C 138172</b>		6. Annual Report must be signed.*  Signature: Mark Morgan Name (type or print): Mark Morgan					
		Date: 02/18/2017 Title: President					
Processed 02/18/2017      * Electronically provided signatures are accepted as original signatures.							