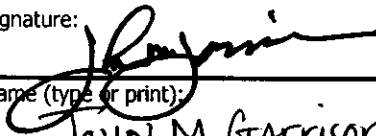
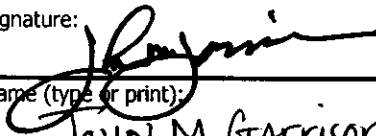
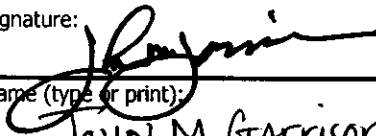


No. <b>C 155150</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN M GARRISON 1005 MICHIGAN AVE OROFINO ID 83544																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> OROFINO PHYSICAL THERAPY AND WELLNESS, INC. JOHN M. GARRISON PO BOX 1236 OROFINO ID 83544 USA		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John M Garrison</td> <td>PO Box 1236</td> <td>Orofino ID</td> <td>US</td> <td></td> <td>83544</td> </tr> <tr> <td>Secretary</td> <td>Tiffany G. Shriver</td> <td>PO Box 1236</td> <td>Orofino ID</td> <td>US</td> <td></td> <td>83544</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	John M Garrison	PO Box 1236	Orofino ID	US		83544	Secretary	Tiffany G. Shriver	PO Box 1236	Orofino ID	US		83544
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">             IDAHO              C 155150           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>11/18/13</u> </td> </tr> <tr> <td>           Name (type or print): <u>JOHN M GARRISON</u> </td> <td>           Title: <u>President</u> </td> </tr> </table>			Signature: 	Date: <u>11/18/13</u>	Name (type or print): <u>JOHN M GARRISON</u>	Title: <u>President</u>																	
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Issued 11/13/2013 by SLD

**REINSTATEMENT ANNUAL REPORT FORM**