No. <b>C 215509</b>		Due no later than Oct 31, 2018  Annual Report Form		2	2. Registered Agent and Address (NO PO BOX)  KIMBERLY M LUTTERLOH			
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.			2187 E SHADY GLADE DRIVE MERIDIAN ID 83642-8364			
		K LUTTERLOH PHYSICAL THERAPY INC KIMBERLY M LUTTERLOH 2187 E SHADY GLADE DRIVE			ויובאנוטואויו סט 63042-6304			
		MERIDIAN ID 83642		3	3. New Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. T	reasurer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	KIMBERLY M	1 LUTTERLOH	2187		MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kimberly Lutterloh			Date: 08/24/2018			
C 215509		Name (type or print): Kimberly Lutterloh			Title: President			
Processed 08/24/2018 * Electronically provided signatures are accepted as original signatures.								