

No. C 131980	Due no later than Jan 31, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MOUNTAIN HOME PHYSICAL THERAPY, P.C. SCOTT W SESSIONS 230 E 5TH N MOUNTAIN HOME ID 83647 USA		SCOTT W SESSIONS 230 E 5TH N MOUNTAIN HOME ID 83647			
			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
SECRETARY	STEPHANIE L SESSIONS	230 EAST 5TH NORTH	MOUNTAIN HOME	ID	USA	83647
PRESIDENT	SCOTT W SESSIONS	230 EAST 5TH NORTH	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of: ID C 131980	6. Annual Report must be signed.* Signature: Scott W Sessions Name (type or print): Scott W Sessions		Date: 11/20/2009 Title: President			
Processed 11/20/2009		* Electronically provided signatures are accepted as original signatures.				