

No. C 124787		Due no later than Jul 31, 2017 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		1. Mailing Address: Correct in this box if needed. MICHAEL DEVITT PHYSICAL THERAPY, P.A. MICHAEL J DEVITT 1150 W STATE ST STE 301 BOISE ID 83702		MICHAEL DEVITT 1402 W FRANKLIN BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MICHAEL J DEVITT	1402 W FRANKLIN	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 124787		6. Annual Report must be signed.* Signature: Michael Devitt Name (type or print): Michael Devitt					
		Date: 06/26/2017 Title: President					
Processed 06/26/2017 * Electronically provided signatures are accepted as original signatures.							