

No. C 140727		Due no later than Sep 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PHILLIPS THERAPY INCORPORATED HEATHER A HORA PO BOX 761 VICTOR ID 83455		HEATHER A HORA 729 PINE MOUNTAIN DR VICTOR ID 83455				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	HEATHER A HORA	PO BOX 761	VICTOR	ID	USA	83455			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 140727		Signature: heather hora				Date: 07/25/2017			
		Name (type or print): heather hora				Title: president			
Processed 07/25/2017		* Electronically provided signatures are accepted as original signatures.							