

No. C 100987		Due no later than Feb 28, 2013		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. COEUR D'ALENE PHYSICAL THERAPY AND SPORTS MEDICINE, P.A. GARY F BARTOO 1875 N LAKEWOOD DR #101 COEUR D'ALENE ID 83814 USA		GARY F BARTOO 1875 N LAKEWOOD DR #101 COEUR D'ALENE ID 83814		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	AMY S BARTOO	1875 N. LAKEWOOD DR #101	COEUR D' ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 100987		6. Annual Report must be signed.* Signature: Gary F. Bartoo Name (type or print): Gary F. Bartoo		Date: 12/24/2012 Title: Owner			
Processed 12/24/2012		* Electronically provided signatures are accepted as original signatures.					