

No. C 149927		Due no later than Jul 31, 2015 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. MORRIS PHYSICAL THERAPY, INC. JACK C MORRIS 1809 BINGHAM NAMPA ID 83651		JON "JACK" C MORRIS 1809 BINGHAM NAMPA ID 83651			
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	JACK C MORRIS	1809 BINGHAM DRIVE	NAMPA	ID	USA	83651	
5. Organized Under the Laws of: ID C 149927		6. Annual Report must be signed.* Signature: Cindy Lane Name (type or print): Cindy Lane Date: 06/30/2015 Title: Manager					
Processed 06/30/2015 * Electronically provided signatures are accepted as original signatures.							