

No. C 86639		Due no later than May 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ST. JOE THERAPY SERVICES, P.A. LYNNE WETTERLIN 351 CHRISTMAS HILLS RD ST. MARIES ID 83861		DAVIE H WETTERLIN 351 CHRISTMAS HILLS RD ST. MARIES ID 83861			
				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	LYNNE K WETTERLIN	351 CHRISTMAS HILLS RD.	ST. MARIES	ID	USA	83861	
5. Organized Under the Laws of: ID C 86639		6. Annual Report must be signed.* Signature: Lynne Wetterlin Name (type or print): Lynne Wetterlin Date: 04/28/2014 Title: President					
Processed 04/28/2014		* Electronically provided signatures are accepted as original signatures.					