

No. C 150381		Due no later than Aug 31, 2016 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. JILL THOMPSON PHYSICAL THERAPY, P.A. DAN A THOMPSON 5909 W STATE ST BOISE ID 83703-3039		JULIA THOMPSON 5909 W STATE ST BOISE ID 83703			
						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	DANIEL THOMPSON	5225 N BLACKBIRD WAY	BOISE	ID	USA	83714	
PRESIDENT	JULIA E THOMPSON	5225 N BLACKBIRD WAY	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID C 150381		6. Annual Report must be signed.* Signature: DANIEL THOMPSON Name (type or print): DANIEL THOMPSON					
		Date: 06/20/2016 Title: Secretary					
Processed 06/20/2016		* Electronically provided signatures are accepted as original signatures.					