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|--|-----------------|--|------------|--|---------|------------------|--|
| No. C 165106 | | Due no later than Feb 28, 2015 | | 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. CANYON HAND THERAPY, INC. TRAVIS J NEWTON 987 SKYLINE DRIVE TWIN FALLS ID 83301 USA | | TRAVIS J NEWTON 987 SKYLINE DRIVE TWIN FALLS 83301 | | | |
| | | | | 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 | TRAVIS J NEWTON | 987 SKYLINE DRIVE | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 165106 | | Signature: TRAVIS J NEWTON | | | | Date: 12/18/2014 | |
| | | Name (type or print): TRAVIS J NEWTON | | | | Title: PRESIDENT | |
| Processed 12/18/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |