No. **C 86827**	**Due no later than Jun 30, 2016**	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.** INSTITUTE OF PHYSICAL THERAPY AND FITNESS, P.A. LAWRENCE OHMAN 498 CRESTLINE CIRCLE DR LEWISTON ID 83501	LAWRENCE OHMAN 678 SOUTHWAY LEWISTON ID 83501 3. New 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	MARGARET E OHMAN	498 CRESTLINE CIR DR	LEWISTON	ID	USA	83501
PRESIDENT	LAWRENCE C OHMAN	498 CRESTLINE CIR DR	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 86827**	Signature: Lawrence C Ohman Name (type or print): Lawrence C Ohman	Date: 07/01/2016 Title: President

Processed 07/01/2016

* Electronically provided signatures are accepted as original signatures.