No. C 180905		Due no later than Nov 30, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DENNIS ORCHARD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ORCHARD PHYSICAL THERAPY INC DENNIS ORCHARD 3115 SYCAMORE DR BOISE ID 83703		BOISE ID	3115 SYCAMORE DR BOISE ID 83703 3. New Registered Agent Signature:*			
NO FILING H RECEIVED BY DU	JE DATE	ass Addresses o	f President, Secretary, and Directors. Trea	acurar (antional)				
Office Held	Name	ess Addresses O	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DENNIS J O	RCHARD	3115 SYCAMORE DR.	BOISE	ID	USA	83708-4129	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 180905		Signature: D		Date: 09/21/2015				
		Name (type		Title: President				
Processed 09/21/2015		* Electronically	provided signatures are accepted as origin	nal signatures.				