No. C 95418		Due no later than May 31, 2018	2. Registered Agent and Address (NO PO BOX) ARCHIE W SERVICE			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GATE CITY PHYSICAL THERAPY, P.A. MICHAEL E OTTO 773 BOYD ST CHUBBUCK ID 83202	2043 E CENTER ST POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA ss Addresses of President, Secretary, and Directors. Treasurer ((ontional)			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MICHAEL E C	DTTO 773 BOYD ST	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 95418		Signature: Michael E Otto Date: 03/20/2018				
		Name (type or print): Michael E Otto	Title: president			
Processed 03/20/20	18 *	* Electronically provided signatures are accepted as original sign	atures.			_