

No. <b>C 139998</b>		<b>Due no later than Jul 31, 2012</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> COEUR D'ALENE HAND THERAPY AND HEALING CENTER, P.A. VIRGINIA TAFT 2448 MERRITT CREEK LOOP COEUR D'ALENE ID 83814		VIRGINIA TAFT 2448 MERRITT CREEK LOOP COEUR D'ALENE ID 83814	
				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	VIRGINIA E TAFT	804 E BIRCH AVE	COEUR D ALENE	ID	USA 83814-4953
5. Organized Under the Laws of:  <b>ID C 139998</b>		6. Annual Report must be signed.* Signature: Virginia Taft Name (type or print): Virginia Taft Date: 06/01/2012 Title: President			
Processed 06/01/2012		* Electronically provided signatures are accepted as original signatures.			