

No. C 210164	Due no later than Jun 30, 2017 Annual Report Form	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. PHYSICAL THERAPY PLACE INC. (THE) AARON KNOX 9198 W AVALANCHE CT BOISE ID 83709	AARON KNOX 9198 W AVALANCHE CT BOISE ID 83709-8370	
		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	AARON W. KNOX	9198	BOISE ID USA 83709
5. Organized Under the Laws of: ID C 210164	6. Annual Report must be signed.* Signature: Aaron W. Knox Name (type or print): Aaron W. Knox		Date: 06/06/2017 Title: President
Processed 06/06/2017		* Electronically provided signatures are accepted as original signatures.	