

No. C 181176	Due no later than Dec 31, 2014 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. EVERGREEN PHYSICAL THERAPY INC BRADLEY C WILLIAMS 790 HOLLYANN CT TWIN FALLS ID 83301	BRADLEY C WILLIAMS 790 HOLLYANN CT TWIN FALLS 83301 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	BRADLEY C WILLIAMS	790 HOLLYANN COURT	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 181176	6. Annual Report must be signed.* Signature: Bradley C Williams Name (type or print): Bradley C Williams		Date: 10/14/2014 Title: President			
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.				