

No. C 86639	Due no later than May 31, 2013 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. ST. JOE THERAPY SERVICES, P.A. LYNNE WETTERLIN 351 CHRISTMAS HILLS RD ST. MARIES ID 83861	DAVIE H WETTERLIN 351 CHRISTMAS HILLS RD ST. MARIES ID 83861				
		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	LYNNE K WETTERLIN	351 CHRISTMAS HILLS RD.	ST. MARIES	ID	USA	83861
5. Organized Under the Laws of: ID C 86639	6. Annual Report must be signed.* Signature: Lynne K. Wetterlin Name (type or print): Lynne K. Wetterlin		Date: 04/03/2013 Title: President			
Processed 04/03/2013		* Electronically provided signatures are accepted as original signatures.				