No. C 134056		Due no later than May 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADVANCE PHYSICAL THERAPY, P.A. JULIE PRICE 1905 W PINE ST SANDPOINT ID 83864		0.0000000000000000000000000000000000000	JULIE PRICE 1905 W PINE ST SANDPOINT ID 83864 3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	RESIDENT MICHELLE M		14 WILD TURKEY LANE	SANDPOINT	ID	USA	83864	
PRESIDENT	ESIDENT JULIE A PRICE		198 OLD SAW MILL RD	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michelle Young		Da	Date: 03/19/2018			
C 134056		Name (type or print): Michelle Young		Ti	Title: Vice President			
Processed 03/19/2018	* Electronically provided signatures are accepted as original signatures.							