

No. <b>C 86827</b>		<b>Due no later than Jun 30, 2017</b>		2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b> INSTITUTE OF PHYSICAL THERAPY AND FITNESS, P.A. LAWRENCE OHMAN 498 CRESTLINE CIRCLE DR LEWISTON ID 83501		LAWRENCE OHMAN 678 SOUTHWAY LEWISTON ID 83501			
				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	
SECRETARY	MARGARET E OHMAN	498 CRESTLINE CIR DR	LEWISTON	ID	USA	83501	
PRESIDENT	LAWRENCE C OHMAN	498 CRESTLINE CIR DR	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID C 86827</b>		6. Annual Report must be signed.* Signature: Margaret E Ohman Name (type or print): Margaret E Ohman Date: 04/27/2017 Title: Secretary					
Processed 04/27/2017		* Electronically provided signatures are accepted as original signatures.					