No. <b>C 118031</b>		Due no later than Jan 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CARL A JOHNSON 5112 LINDEE LN AMMON ID 83401-8002				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  JOHNSON PHYSICAL THERAPY, P.A.  CARL A JOHNSON  5112 LINDEE LANE  AMMON ID 83401-8002						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CARL A JC							
	AMMON ID			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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 CARL A JOHNSON		5112 LINDEE LN		AMMON	ID	USA	83401-8002	
5. Organized Under the Laws of:	7. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	ID Signature: Carl A Johnson			Date: 12/03/2017				
<b>C 118031</b> Nam		Name (type or print): Carl A Johnson			Title: CEO			
Processed 12/03/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.						