| No. C 197946 | | Due no later than Mar 31, 2018 | | 2. Registe | 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. MOVE UP PHYSICAL THERAPY INC. WALLACE L ARAVE 1460 N 800 E SHELLEY ID 83274 | | 1460 N SHELLE | WALLACE L ARAVE 1460 N 800 E SHELLEY ID 83274 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | giotei eu Agent o | - Igridical ci | | |
| | es and busine Name | ess addresses of Pr | resident, Secretary, and Directors. Trea Street or PO Address | | State | Country | Postal Code | |
| | NALLACE L | Λ D Λ \ / Ε | 1460 N 800 E | City SHELLEY | | Country USA | 83274 | |
| | CAROLYN M | – | 1460 N 800 E 1460 N 800 E | SHELLEY | | USA | 83274 | |
| | WALLACE L | | 1460 N 800 E | SHELLEY | | USA | 83274 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Wallace L Arave | | | Date: 03/01/2018 | | | |
| C 197946 | | Name (type or print): Wallace L Arave | | | Title: President | | | |
| Processed 03/01/2018 | | * Electronically pro | vided signatures are accepted as origir | nal signatures. | | | | |