| No. C 137397 | | Due no later than Jan 31, 2010 | | 2. R | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BRENT RANDALL THERAPY, P.A. BRENT D RANDALL 113 E. AVE F. JEROME ID 83338 USA ess Addresses of President, Secretary, and Directors. Treasurer (| | | BRENT RANDALL 113 E. AVE F JEROME ID 83338 3. New Registered Agent Signature:* | | | |
| | | | | Ji | | | | |
| | | | | assurer (ontic | | | | |
| Office Held | Name | icss Addi csses Oi | Street or PO Address | Cit | - | State | Country | Postal Code |
| PRESIDENT | BRENT D RA | ANDALL | 113 E. AVE F | | ROME | ID | USA | 83338 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 137397 | | Signature: Brent Randall | | | Date: 02/13/2010 | | | |
| | | Name (type or print): Brent Randall | | | Title: President | | | |
| Processed 02/13/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |