

No. C 180905		Due no later than Nov 30, 2014 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ORCHARD PHYSICAL THERAPY INC DENNIS ORCHARD 3115 SYCAMORE DR BOISE ID 83703		DENNIS ORCHARD 3115 SYCAMORE DR BOISE ID 83703			
						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	
PRESIDENT	DENNIS J ORCHARD	3115 SYCAMORE DR.	BOISE	ID	USA	83708-4129	
5. Organized Under the Laws of: ID C 180905		6. Annual Report must be signed.* Signature: Dennis Orchard Name (type or print): Dennis Orchard					
		Date: 09/18/2014 Title: President					
Processed 09/18/2014 * Electronically provided signatures are accepted as original signatures.							