

No. C 142802	Due no later than Mar 31, 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. KIDS IN MOTION PHYSICAL THERAPY, PC TRACI D SCHMIDT PO BOX 363 SANDPOINT ID 83864 USA	TRACI SCHMIDT 1221 MICHIGAN SANDPOINT ID 83864	
		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	TRACI D SCHMIDT	296 FOREST SIDING RD	SANDPOINT ID USA 83864
5. Organized Under the Laws of: ID C 142802	6. Annual Report must be signed.* Signature: Traci Schmidt Name (type or print): Traci Schmidt		Date: 01/29/2014 Title: President
Processed 01/29/2014		* Electronically provided signatures are accepted as original signatures.	