

No. <b>C 127039</b>		<b>Due no later than Jan 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  NEW DAY PHYSICAL THERAPY, P.C. KIMBERLY W SCHWARZE 1951 BENCH RD STE E POCATELLO ID 83201 USA		JONI D VAUGHN-POWELL 2174 COLONIAL POCATELLO ID 83201			
				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	
TREASURER	KIMBERLY W SCHWARZE	1487 SATTERFIELD DR.	POCATELLO	ID	USA	83201	
PRESIDENT	JONI D VAUGHN-POWELL	2174 COLONIAL	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID C 127039</b>		6. Annual Report must be signed.* Signature: Kimberly Schwarze Name (type or print): Kimberly Schwarze Date: 12/07/2013 Title: Owner/Treasurer					
Processed 12/07/2013		* Electronically provided signatures are accepted as original signatures.					