	Annual Report Form 100	(1.2 17 Powieters 4
eturn to:		2. Registered Agent and Office NOT A P.O. BOX
SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	JULIE ANNE SCHWERMAN
700 WEST JEFFERSON PO BOX 83720	SCHWERMAN PHYSICAL THERAPY,	320 PIERCE ST
BOISE, ID 83720-0080		TWIN FALLS ID 83301
NO FEE REQUIRED	320 PIERCE ST	
* FIRST NOTICE *	****	3. Organized Under the Laws of:
Corporations: Enter Names and	TWIN FALLS ID 83301	10 0124374
Limited Liability Companies: En	Business Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Membe	0124314
Office held		ers (check one)
	Street or P.O. Address	<u>Cîty State Zip</u>
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- RETARY Chuck	chwerman 320 Pierce St. Schwerman 320 Pierce St.	1W:10 FAIIS TO. 83301
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ignature of New Registered	Agent 6. Signature huck Schwer. Name (Typed Cluck Schwer.)	mean Title Secretary
ignature of New Registered  wok Schweima	Agent 6.  Signature huck 5ch  Name (Typed Cluck 5chwer)	44-PA 10 /2 /98
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