

No. C 149942		Due no later than Jul 31, 2006		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. FAMILY PHYSICAL THERAPY & SPORTS MEDICINE CLINIC, INC. 834 FALLS AVE STE 1250 TWIN FALLS ID 83301		DAVID B LITTLE 834 FALLS AVE STE 1250 TWIN FALLS ID 83301															
				3. <u>New</u> Registered Agent Signature:*															
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7"> </td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
5. Organized Under the Laws of: IDAHO C 149942		6. Annual Report must be signed.* Signature: DAVID B LITTLE Name (type or print): DAVID B LITTLE <div> Date: 05/08/2006 Title: PRESIDENT </div>																	
Processed 05/08/2006		* Electronically provided signatures are accepted as original signatures.																	