

No. W 5748

Due no later than March 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

GARY SCHNEIDER
8257 CORNERSTONE DR
HAYDEN, ID 83835

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LAKESIDE PHYSICAL THERAPY, L.L.C.
PO BOX 3115
HAYDEN, ID 83835

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	BRAD BILLINGTON	PO BOX 3115	HAYDEN	ID	83835
MEMBER	GARY SCHNEIDER	PO BOX 3115			

5. Organized Under the Laws of:

IDAHO
W 5748

6.

Signature

Date

1-22-08

Name (Typed or Printed)

GARY SCHNEIDER

Title

MEMBER