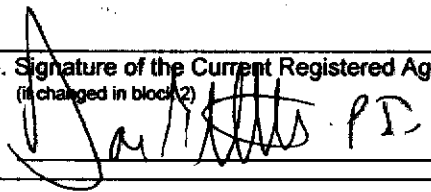


INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 853	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To	Due No Later Than November 30, 1995		DAVID B LITTLE	
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1 Mailing Address -- Please Correct If Not Correct		834 FALLS AVE	
* FIRST NOTICE *	FAMILY PHYSICAL THERAPY AND SPO		TWIN FALLS ID 83301	
NO FEE REQUIRED	DAVID B LITTLE		3. Organized Under The Laws of	
	834 FALLS AVE		ID	
	TWIN FALLS ID 83301		NO: 853	

4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					MUST BE PRINTED OR TYPED				
Name	Street or P.O. Address	City	State	Zip					
RANDY CLARK	834 FALLS AVENUE SUITE 1250	TWIN FALLS	ID	83301					
TIM HUNT	834 FALLS AVENUE SUITE 1250	TWIN FALLS	ID	83301					

5. Signature of the Current Registered Agent (if changed in block 2)	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
	Signature <u>Randy Clark</u> Date <u>9-5-95</u> Name (Typed or Printed) <u>Randy Clark</u>