

No. W 6052	Annual Report Form 1999 <i>Due No Later Than November 30.</i>		2. Registered Agent and Office NOT A P.O. BOX CAROLYN PACKARD 4501 W ALAMOSA BOISE ID 83703
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct PHYSICAL THERAPY CLINIC OF B JANICE E LAWSON 1087 WEST RIVER STREET SUITE 100 BOISE ID 83702		3. Organized Under the Laws of: ID W 6052
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
Manager	Aspen Rehabilitation Associates, Inc.	7918 Zenith Drive	Citrus Heights CA 95621
5. Signature of New Registered Agent		6. Signature  Name (Typed or Printed) Aspen Rehabilitation Associates, Inc. Date 7/16/99 Title Vice Pres	

ISSUED: 07-03-1999

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