

No. C 127039	Due no later than January 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX JONI D VAUGHN-POWELL 2174 COLONIAL POCATELLO, ID 83201																		
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 applicable NEW DAY PHYSICAL THERAPY, P.C. 1135 YELLOWSTONE AVE STE D POCATELLO, ID 83201	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Joni Vaughn-Powell</td> <td>2174 Colonial</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Vice-President</td> <td>Kimberly Schwarze</td> <td>1447 Satterfield Dr.</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Joni Vaughn-Powell	2174 Colonial	Pocatello	ID	83201	Vice-President	Kimberly Schwarze	1447 Satterfield Dr.	Pocatello	ID	83201
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Vice-President	Kimberly Schwarze	1447 Satterfield Dr.	Pocatello	ID	83201															
5. Organized Under the Laws of: IDAHO C 127039	6. Signature <u>Kimberly Schwarze</u> Date <u>11-10-05</u> Name (Typed or Printed) <u>Kimberly Schwarze</u> Title <u>Vice President</u>																			