

No. C 131319 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than November 30, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable PHYSICAL THERAPY CLINIC, INC. PO BOX 1170 SALMON, ID 83467	2. Registered Agent and Office NO PO BOX NAN BRYANT 802 SHOUP ST SALMON, ID 83467 3. New Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Nan Bryant</td> <td>PO Box 1170</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Vice Pres</td> <td>John Bryant</td> <td>PO Box 1170</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Sec.</td> <td>Kathy Heald</td> <td>PO Box 1170</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Nan Bryant	PO Box 1170	Salmon	ID	83467	Vice Pres	John Bryant	PO Box 1170	Salmon	ID	83467	Sec.	Kathy Heald	PO Box 1170	Salmon	ID	83467
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5. Organized Under the Laws of: IDAHO C 131319	6. Signature <u>Nan Bryant</u> Date <u>9-26-06</u> Name (Typed or Printed) <u>Nan Bryant</u> Title <u>President</u>																									

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