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| No. C 131319 | Due no later than November 30, 2006 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address - Correct in this box, if applicable PHYSICAL THERAPY CLINIC, INC. PO BOX 1170 SALMON, ID 83467 | | NAN BRYANT 802 SHOUP ST SALMON, ID 83467 | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. <u>New</u> Registered Agent Signature | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | | | | |
| 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 |
| 5. Organized Under the Laws of: IDAHO C 131319 | | 6. Signature <u>Nan Bryant</u> Date <u>9-26-06</u> Name <small>(Typed or Printed)</small> <u>Nan Bryant</u> Title <u>President</u> | | | |

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