

No. C 86827		Due no later than Jun 30, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. INSTITUTE OF PHYSICAL THERAPY AND FITNESS, P.A. LAWRENCE OHMAN 498 CRESTLINE CIRCLE DR LEWISTON ID 83501 USA		LAWRENCE OHMAN 678 SOUTHWAY LEWISTON ID 83501			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	MARGARET E OHMAN	498 CRESTLINE CIR DR	LEWISTON	ID	USA	83501	
PRESIDENT	LAWRENCE C OHMAN	498 CRESTLINE CIR DR	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 86827		6. Annual Report must be signed.* Signature: Margaret E Ohman Name (type or print): Margaret E Ohman Date: 04/26/2011 Title: Secretary					
Processed 04/26/2011		* Electronically provided signatures are accepted as original signatures.					