

NO. C 86827	Due no later than June 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX LAWRENCE OHMAN 678 SOUTHWAY LEWISTON, ID 83501																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable INSTITUTE OF PHYSICAL THERAPY AND F LAWRENCE OHMAN 498 CRESTLINE CIRCLE DR LEWISTON, ID 83501	3. New Registered Agent Signature																		
NO FILING FEE IF RECEIVED BY DUE DATE																				
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; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><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>Lawrence C Ohman</td> <td>678 Southway</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Vice-President/Secretary</td> <td>Margaret E Ohman</td> <td>678 Southway</td> <td>Lewiston</td> <td>ID</td> <td>83501</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	Lawrence C Ohman	678 Southway	Lewiston	ID	83501	Vice-President/Secretary	Margaret E Ohman	678 Southway	Lewiston	ID	83501
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Vice-President/Secretary	Margaret E Ohman	678 Southway	Lewiston	ID	83501															
5. Organized Under the Laws of: IDAHO C 86827	6. Signature <u>Margaret E Ohman</u> Date <u>4-23-07</u> Name <small>(Typed or Printed)</small> <u>Margaret E. Ohman</u> Title <u>Vice President/Secretary</u>																			