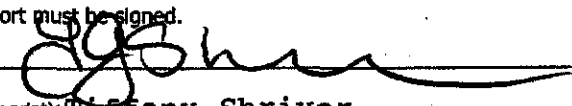


No. <b>C 155150</b>	<b>Due no later than 6/30/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> OROFINO PHYSICAL THERAPY AND WELLNESS, INC. PO BOX 1236 OROFINO ID 83544		JOHN M GARRISON 1005 MICHIGAN AVE OROFINO ID 83544		
			3. <u>New</u> Registered Agent Signature:		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office Held	Name	Street or PO Address	City	State	Zip
President	John Garrison	P.O. Box 1236	Orofino	ID	83544
Sec.-Treasurer	Tiffany Shriver	P.O. Box 1236	Orofino	ID	83544
Director	John Garrison	P.O. Box 1236	Orofino	ID	83544
5. Organized Under the Laws of:  <b>ID C 155150</b>		6. Annual Report must be signed. Signature:  Date: <u>5-27-09</u> Name(type or print): <u>Tiffany Shriver</u> Title: <u>Sec-Treasurer</u>			