

No. W 5748

Due no later than March 31, 2005
Annual Report Form

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 - Check in this box, if applicable

LAKESIDE PHYSICAL THERAPY, L.L.C.
PO BOX 3115
HAYDEN, ID 83835

2. Registered Agent and Office **NO PO BOX**

GARY SCHNEIDER
8245 CORNERSTONE DR
HAYDEN, ID 83835

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

office held	Name	Street or P.O. Address	City	State	Zip
Manager/Member	Brad Billington	1224 N. Idaho	Post Falls	ID	83854
Manager	Gary Schneider	8245 Cornerstone	Hayden	ID	83835

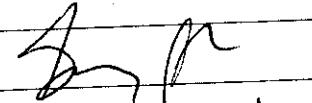
5. Organized Under the Laws of:

IDAHO
W 5748

6.

Signature

Name
(Typed or Printed)



Gary Schneider

Date

2-25-05

Title

Manager

Issued 01/03/2005

Do Not Tape or Staple

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