

No. C 150558	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX TAMMY LARSON 834 FALLS AVE STE 1020C TWIN FALLS, ID 83301																		
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 applicable HOHSFIELD PHYSICAL THERAPY, INCORPO TAMMY LARSON 834 FALLS AVE STE 1020C TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Nathan Hohsfield</td> <td>9753 Ben Hall Dr,</td> <td>GAUT,</td> <td>CA</td> <td>95632</td> </tr> <tr> <td>Vice-Pres.</td> <td>Suzanne Hohsfield</td> <td>"</td> <td>"</td> <td></td> <td></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	Nathan Hohsfield	9753 Ben Hall Dr,	GAUT,	CA	95632	Vice-Pres.	Suzanne Hohsfield	"	"		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
President	Nathan Hohsfield	9753 Ben Hall Dr,	GAUT,	CA	95632																
Vice-Pres.	Suzanne Hohsfield	"	"																		
5. Organized Under the Laws of: IDAHO C 150558	6. Signature <u>Suzanne Hohsfield</u> Date <u>8/27/05</u> Name (Typed or Printed) <u>Suzanne Hohsfield</u> Title <u>V.P.</u>																				