

No. W 17576

Due no later than December 31, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

S.P.O.R.T. PHYSICAL THERAPY CLINIC,
WILLIAM A NEUMAYER
328 WARNER DR
BRYDEN CANYON CENTER
LEWISTON, ID 83501

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328 WARNER DR
BRYDEN CANYON CENTER
LEWISTON, ID 83501

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
owner	William A. Neumayer	328 Warner Dr Ste 8	Lewiston	ID	83501
owner	Michael F Ward	328 Warner Dr Ste 8	Lewiston	ID	83501

5. Organized Under the Laws of:
IDAHO
W 17576

6.

Signature

William A. Neumayer Date 11/31/07

Name (Typed or Printed)

William A. Neumayer Title owner