

No. C 158114

Due no later than January 31, 2009  
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

HILLMAN PHYSICAL THERAPY, P.A.  
6479 W BIG SKY DR  
POST FALLS, ID 83854DAVID HILLMAN  
6479 W BIG SKY DR  
POST FALLS, ID 83854NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| <u>Office held</u> | <u>Name</u>   | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|---------------|-------------------------------|-------------|--------------|------------|
| President          | David Hillman | 6479 Big Sky Dr               | Post Falls  | Id           | 83854      |
| Vice President     | Cathy Hillman | "                             | "           | "            | "          |

5. Organized Under the Laws of:

IDAHO  
C 158114

6.

Signature



Date

12-20-08

Name  
(Typed or Printed)

David H. Hillman

Title

Pres.

Do Not 7 x Staple