

No. C 163961	Due no later than Dec 31, 2006 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
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 needed. MOTION PHYSICAL THERAPY, P.C. BRUCE WALLENTINE 900 LANARK RD OVID ID 83254	BRUCE WALLENTINE 900 LANARK RD OVID ID 83254 3. <u>New</u> Registered Agent Signature: *				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	BRUCE J WALLENTINE	900 LANARK RD	OVID	ID	USA	83254
5. Organized Under the Laws of: IDAHO C 163961	6. Annual Report must be signed.* Signature: Bruce J. Wallentine Name (type or print): Bruce J. Wallentine		Date: 01/17/2007 Title: President			
Processed 01/17/2007		* Electronically provided signatures are accepted as original signatures.				