

No. C 95418

Due no later than May 31, 2005
Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

GATE CITY PHYSICAL THERAPY, P.A.
1951 E BENCH STE E
POCATELLO, ID 83201

2. Registered Agent and Office NO PO BOX

ARCHIE W SERVICE
2043 E CENTER ST
POCATELLO, ID 83201NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

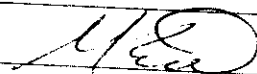
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael Otto	773 Boyd St	CHUBBUK	ID	83202
Secretary	Shanna Otto	773 Boyd St	CHUBBUK	ID	83202

5. Organized Under the Laws of:

IDAHO
C 95418

6.

Signature



Date

5/9/05

Name (Typed or Printed)

Michael Otto

Title

President

Issued 03/01/2005

Do Not Tape or Staple

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