

No. C 148521		Due no later than Apr 30, 2009 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. PHYSIOTHERAPY, P.A. DAVID FLECKENSTEIN PO BOX 1328 EAGLE ID 83616		DAVID FLECKENSTEIN 661 S RIVERSHORE LN STE 220 EAGLE ID 83616			
						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	DAVID A FLECKENSTEIN	P.O. BOX 1328	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 148521		6. Annual Report must be signed.* Signature: David Fleckenstein Name (type or print): David Fleckenstein					
		Date: 05/05/2009 Title: President					
Processed 05/05/2009 * Electronically provided signatures are accepted as original signatures.							