No. C 149014		Due no later than May 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOHN C KOTH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KOTH SPORTS PHYSICAL THERAPY, P.A. JOHN C KOTH PO BOX 5232		191 FIFTH ST WEST KETCHUM ID 83340			
NO FILING FEE IF RECEIVED BY DUE DATE		KETCHUM ID 83340 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	r Names and Busine	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOHN C KOT	гн	191 FIFTH STREET WEST 1ST FLR PO BOX 5232	O KETCHUM	ID	USA	83340
SECRETARY	SHERRI L K	ОТН	191 FIFTH STREET WEST 1ST FLR PO BOX 1510	O KETCHUM	ID	USA	83340
DIRECTOR	JOHN C KOTH		191 FIFTH STREET WEST 1ST FLR PO BOX 5232	O KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO C 149014		Signature: John C. Koth		Date: 03/25/2007			
		Name (type or print): John C. Koth		Title: Its Director/President			
Processed 03/25/200	7	* Electronically provided	signatures are accepted as original sign	natures.			