

No. **W 1219**

Due no later than June 30, 2006

Annual Report Form

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 applicable

PHYSICAL THERAPY CENTER OF POST FAL
BRAD BILLINGTON
201 S JUNIPER CT
POST FALLS, ID 838542. Registered Agent and Office **NO PO BOX**BRAD BILLINGTON
201 S JUNIPER CT
POST FALLS, ID 838543. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

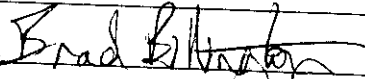
	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager		Brad Billington	201 S. Juniper Ct.	Post Falls	ID	83854
Member		Gary Schneider	8257 N. Cornerstone Dr.	Hayden	ID	83835

5. Organized Under the Laws of:

IDAHO
W 1219

6.

Signature



Date

5-9-06

Name

(Typed or
Printed)

Brad Billington

Title

Manager

Issued 04/03/2006

Do Not Tape or Staple

200606002431