

No. C124374	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct		JULIE ANNE SCHWERMAN 320 PIERCE ST TWIN FALLS ID 83301	
	SCHWERMAN PHYSICAL THERAPY, 320 PIERCE ST TWIN FALLS ID 83301		3. Organized Under the Laws of: ID C124374	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
<i>President</i>	<i>Julie Schwerman</i>	<i>320 Pierce St.</i>	<i>Twin Falls</i>	<i>ID, 83301</i>
<i>Sec.</i>	<i>Chuck Schwerman</i>	<i>320 Pierce St.</i>	<i>Twin Falls</i>	<i>ID, 83301</i>
5. Signature of New Registered Agent		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature <i>Chuck Schwerman</i> Name (Typed or Printed) <i>Chuck Schwerman</i> </div> <div> Date <i>7/15/99</i> Title <i>Sec.</i> </div> </div>		

DUE: 07-03-1999

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