

No. C 95418

Due no later than May 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
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

ARCHIE W SERVICE
2043 E CENTER ST
POCATELLO, ID 83201

NO FILING FEE IF
RECEIVED BY DUE DATE

3. 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	Chubbuck	ID	83202
Secretary	Shauna Otto	773 Boyd St.	Chubbuck	ID	83202

5. Organized Under the Laws of:
IDAHO
C 95418

6.

Signature

Date

3/13/08

Name (Typed or Printed)

Michael Otto

Title

President