

No. W 42971

Due no later than September 30, 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

IDAHO PHYSICAL THERAPY MANAGEMENT,
2008 S WILDE CREEK WAY
BOISE, ID 83709

BRIAN SAWYER
2008 S WILDE CREEK WAY
BOISE, ID 83709

NO FILING FEE IF
RECEIVED BY DUE DATE

3. 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	Brian Sawyer	9211 W. Overland Rd	Boise	ID	83709
Manager	Michael Henze	9211 W. Overland Rd	Boise	ID	83709

5. Organized Under the Laws of:
IDAHO
W 42971

6.

Signature

Brian Sawyer

Date

7/15/08

Name (Typed or Printed)

Brian Sawyer

Title

Manager

Issued 07/01/2008

Do Not Tape or Staple

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