

No. <b>W 853</b>	<b>Annual Report Form 1999</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: <b>SECRETARY OF STATE</b> 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>FAMILY PHYSICAL THERAPY AND</b> <b>DAVID B LITTLE</b> <b>834 FALLS AVE Suite 1250</b>  <b>TWIN FALLS ID 83301</b>		<b>DAVID B LITTLE</b> <b>834 FALLS AVE</b>  <b>TWIN FALLS ID 83301</b>
			3. Organized Under the Laws of:  <b>ID W 853</b>

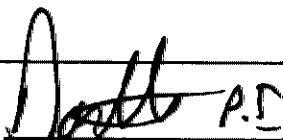
4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
	<b>DAVID LITTLE</b>	<b>834 FALLS AVE SUITE 1250</b>	<b>TWIN FALLS</b>	<b>ID</b>	<b>83301</b>
	<b>RAND CLARK</b>	<b>SAME</b>			
	<b>TIM HUNT</b>	<b>SAME</b>			

5. Signature of New Registered Agent

6.

Signature

 P.T.

Date

**7-12-99**

Name

(Typed or Printed)

**David B. Little P.T.**

Title

**Partner**

ISSUED: 07-03-1999

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