No. C 131319	Due no later than Nov	30, 2001		
Return to:	Annual Report Form		Registered Agent and Office NO PO BOX	
SECRETARY OF STATE	Mailing Address - Correct in this box.	if opplied by	JOHN J BRYAN	/T
700 WEST JEFFERSON PO BOX 83720	PHYSICAL THERAPY CLINIC, INC.	, и аррисаріе	802 SHOUP ST	•
BOISE, ID 83720-0080	PO BOX 1170		SALMON, ID 83467	
NO FILING FEE IF	SALMON, ID 83467		New Registered Agent Signature	
RECEIVED BY DUE DATE		j		ngent olghature
4. Corporations: Enter M	amos and Division			
20. pordions. Litter N	ames and Business Addresses of Pre-	sident, Secretary	and Directors	
Office held Name	Street or D.O. Address	,	and Directors.	
	Street or P.O. Address	<u>City</u>	State	Zip
President Nan E	Bryant POBOX 1170	Salmon		
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secretary racing r	tenti 1000 bryan ithe	Salmona	50	634
		31/112/	~0	83467
Yku Pres. John J	teald 1508 Bryan Ave Bryant po Box 1170	Salmon	03	83467
5. Organized Under the Laws of: IDAHO C 131319	6. Signature Bu	rant P.T.	Date <u>0</u> 9	-17-200/
	6. Signature Au Buy Name (Typed or Nan Bry	pant P.T.	Date <u>09</u>	-17-200/ sident