

No. **W 11646**

Due no later than April 30, 2005
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box if applicable

TWIN FALLS PHYSICAL THERAPY AND WEL
812 SHOSHONE AVE E
TWIN FALLS, ID 83301

BRADLEY C WILLIAMS
812 SHOSHONE AVE E
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member	Bradley C. Williams	710 Hollyann Ct	Twin Falls	ID	83301
member	M. Andrew Mix	593 Monte Vista	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 11646

6.

Signature

Name (Typed or Printed)

Bradley C. Williams

Date

2/9/05

Title

Member