

No. C 140727	Due no later than September 30, 2006 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		HEATHER A HORA 729 PINE MOUNTAIN DR VICTOR, ID 83455 3. <u>New</u> Registered Agent Signature												
	PHILLIPS THERAPY INCORPORATED PO BOX 761 VICTOR, ID 83455														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Heather Hora</td> <td>PO Box 761</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Heather Hora	PO Box 761	Victor	ID	83455
Office held	Name	Street or P.O. Address	City	State	Zip										
President	Heather Hora	PO Box 761	Victor	ID	83455										
5. Organized Under the Laws of: IDAHO C 140727	6. Signature <u>Heather Hora</u> Name (Typed or Printed) <u>Heather Hora</u>			Date <u>7/27/06</u> Title <u>president</u>											

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Do Not Tape or Staple

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