

No. **W 17576**

Due no later than December 31, 2005

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

Return to:

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

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

S.P.O.R.T. PHYSICAL THERAPY CLINIC,
WILLIAM A NEUMAYER
328 WARNER DR
BRYDEN CANYON CENTER
LEWISTON, ID 83501

WILLIAM A NEUMAYER
328 WARNER DR
BRYDEN CANYON CENTER
LEWISTON, ID 83501

**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>
	William A. Neumayer	328 Warner Dr.	Lewiston	ID	83501
	Michael F. Ward	328 Warner Dr.	Lewiston	ID	83501

5. Organized Under the Laws of:

IDAHO
W 17576

6.

Signature



Date

10/19/02

Name
(Typed or Printed)

Bill Neumayer

Title

partner

Issued 10/03/2005

Do Not Tape or Staple

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