No. **C 158047**	**Due no later than Dec 31, 2006** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** THORESON PHYSICAL THERAPY, P.A. NATE THORESON 1132 E POLSTON POST FALLS ID 83854 USA	NATE THORESON 1132 E POLSTON POST FALLS ID 83854 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	NATE THORESON	1132 E POLSTON AVE	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **C 158047**	Signature: Nate Thoreson	Date: 01/08/2007
	Name (type or print): Nate Thoreson	Title: President

Processed 01/08/2007

* Electronically provided signatures are accepted as original signatures.