

No. W 54425	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX MARK W WISEMAN 412 MEADOWLARK WAY TWIN FALLS, ID 83301												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable. PRECISION THERAPY LLC 412 MEADOWLARK WAY TWIN FALLS, ID 83301 1519 Evergreen St. Jerome, Idaho 83338		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">owner</td> <td style="padding: 5px;">Mark W. Wiseman</td> <td style="padding: 5px;">1519 Evergreen St.</td> <td style="padding: 5px;">Jerome</td> <td style="padding: 5px;">ID</td> <td style="padding: 5px;">83338</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner	Mark W. Wiseman	1519 Evergreen St.	Jerome	ID	83338
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owner	Mark W. Wiseman	1519 Evergreen St.	Jerome	ID	83338										
5. Organized Under the Laws of: IDAHO W 54425		6. Signature <u>Jamie Pelliseman</u> Date <u>7.17.07</u> Name <small>(Typed or Printed)</small> <u>Jamie L. Wiseman</u> Title <u>Bookkeeper</u>													