

No. W 1219

Annual Report Form
Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:

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

1. Mailing Address - Please Correct, If Not Correct

PHYSICAL THERAPY CENTER OF

FRED WEBER

2700 E SELTICE WAY, #12A

POST FALLS

ID 83354

FRED WEBER

2700 E SELTICE WAY, #12A

POST FALLS ID 83854

3. Organized Under the Laws of:

ID

1219

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☒
- Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

Brad Billington

26 S. Juniper Ct.

Post Falls

ID

83854

Gary Schneider

10400 S. Hayden Lake Rd, Hayden Lk

ID

83835

Fred Weber

226 Greenwood Dr. #4-121

IDA

ID

83814

5. SIGNATURE OF CURRENT RA

ANY LAWFUL

ISSUED: 07-08-1996

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Fred Weber

Date

7-15-96

Name

(Typed or Printed)

Fred Weber

Title

manager/member

2357