No. <b>C 156215</b>		Due no later than Aug 31, 2005 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX)  SHARIK PECK 2298 TONJA LANE POCATELLO ID 83201 0000  3. New Registered Agent Signature:*			
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.						
		SPECTRUM PHYSICAL THERAPY, INC. CHERYL PECK 2298 TONJA LANE POCATELLO ID 83201 0000		2				
				3				
4. Corporations: Ente	er Names and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treas	surer (op	otional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY	CHERYL B P	ECK	2298 TONJA LANE		POCATELLO	ID	USA	83201
DIRECTOR	R CHERYL B PECK		2298 TONJA LANE		POCATELLO	ID	USA	83201
PRESIDENT	IDENT SHARIK L PECK		2298 TONJA LANE		POCATELLO	ID	USA	83201
DIRECTOR	SHARIK L P	ECK	2298 TONJA LANE		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO C 156215		Signature: Cheryl B. Peck			Date: 08/09/2005			
		Name (type or print): Cheryl B. Peck			Title: Secretary/Treasurer			
Processed 08/09/200	05	* Electronically provide	led signatures are accepted as origina	l signat	ures.			