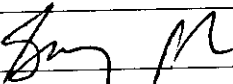
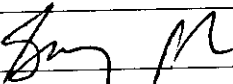
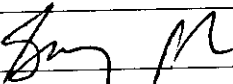


No. W 5748	Due no later than Mar 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX BRAD BILLINGTON 850 W IRONWOOD BLVD COEUR D'ALENE, ID 83814	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LAKESIDE PHYSICAL THERAPY, L.L.C. PO BOX 3115 HAYDEN, ID 83835		3. <u>New</u> Registered Agent Signature	

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member/Manager	GARY SCHNEIDER	P.O. Box 3115	HAYDEN	ID	83835
member/Manager	BRAD BILLINGTON	P.O. Box 3115	HAYDEN	ID	83835
member/Manager	FRED WEBER	P.O. Box 3115	HAYDEN	ID	83835

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 5748</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) <u>GARY SCHNEIDER</u> </td> <td style="width: 40%;"> Date <u>4.15.02</u> Title <u>Member/Manager</u> </td> </tr> </table>	Signature  Name (Typed or Printed) <u>GARY SCHNEIDER</u>	Date <u>4.15.02</u> Title <u>Member/Manager</u>
Signature  Name (Typed or Printed) <u>GARY SCHNEIDER</u>	Date <u>4.15.02</u> Title <u>Member/Manager</u>		