

No. W 49789

Due no later than April 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

HELPING HANDS PHYSICAL THERAPY, PLL
KATHERINE J FARMER
PO BOX ~~1040~~ 741
~~CASCADE~~, ID ~~83611~~KATHERINE J FARMER
402 OLD STATE HWY
CASCADE, ID 83611NO FILING FEE IF
RECEIVED BY DUE DATE

DONNELLY 83615

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	Katherine J Farmer	PO BOX 741	DONNELLY	ID	83615

5. Organized Under the Laws of:

IDAHO
W 49789

6.

Signature



Date

3/10/08

Name

(Typed or
Printed)

Katherine J Farmer

Title

Resident PT