

No. W 49789

Due no later than April 30, 2008
Annual Report Form

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

HELPING HANDS PHYSICAL THERAPY, PLL

KATHERINE J FARMER

PO BOX 1040 741

CASCADE, ID 83641

DONNELLY 83615

2. Registered Agent and Office NO PO BOX

KATHERINE J FARMER
402 OLD STATE HWY
CASCADE, ID 83611

3. New 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>
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 President PT