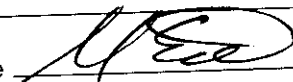


<b>No. C 95418</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than May 31, 2006</b> <b>Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b>  GATE CITY PHYSICAL THERAPY, P.A. 1951 E BENCH STE E POCA TELLO, ID 83201	2. Registered Agent and Office <b>NO PO BOX</b>  ARCHIE W SERVICE 2043 E CENTER ST POCA TELLO, ID 83201  3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.
 

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael Otto	773 Boyd St	Charlback	ID	83202
Secretary	Shanna Otto	773 Boyd St.	Charlback	ID	83202

5. Organized Under the Laws of:  IDAHO C 95418	6.  Signature _____ Date <u>3/24/06</u>  Name (Typed or Printed) <u>MICHAEL OTTO</u> Title <u>owner/President</u>
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