

No. <b>C 96202</b>		<b>Due no later than Sep 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</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>1. Mailing Address: Correct in this box if needed.</b>  IDAHO PHYSICAL THERAPY, INC. ALAN WILLIAMS 2005 12TH AVE. RD. NAMPA ID 83686 USA		ALAN WILLIAMS 2005 12TH AVE. RD. NAMPA ID 83686			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	ALAN WILLIAMS	2005 12TH AVENUE ROAD	NAMPA	ID	USA	83686	
SECRETARY	BETTE WILLIAMS	2005 12TH AVENUE ROAD	NAMPA	ID	USA	83686	
PRESIDENT	ALAN WILLIAMS	2005 12TH AVENUE ROAD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID</b> <b>C 96202</b>		6. Annual Report must be signed.*  Signature: Alan Williams Name (type or print): Alan Williams					
		Date: 07/17/2009 Title: President					
Processed 07/17/2009		* Electronically provided signatures are accepted as original signatures.					