

No. W 55723

Due no later than October 31, 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

NORTH IDAHO HAND REHABILITATION, PL
ROBERT SWIDER
943 IRONWOOD DR #100
COUER D'ALENE, ID 83814ROBERT SWIDER
943 IRONWOOD DR #100
COUER D'ALENE, ID 83814NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

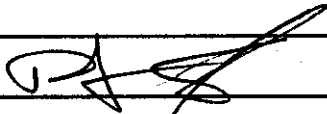
Office held	Name	Street or P.O. Address	City	State	Zip
CO-OWNER	ROBERT SWIDER	943 IRONWOOD DR #100	CDA	ID	83814
CO-OWNER	JILL WALKER SPITEN	943 IRONWOOD DR #100	CDA	ID	83814

5. Organized Under the Laws of:

IDAHO
W 55723

6.

Signature



Date

8/18/08

Name (Typed or Printed)

ROBERT SWIDER

Title

CO-OWNER