


No. W 55723 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than October 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable NORTH IDAHO HAND REHABILITATION, PL ROBERT SWIDER 943 IRONWOOD DR #100 COUER D'ALENE, ID 83814	2. Registered Agent and Office NO PO BOX ROBERT SWIDER 943 IRONWOOD DR #100 COUER D'ALENE, ID 83814 3. New Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PARTNER/OWNER	JILL WALKER SATREN	943 IRONWOOD DR #100	COEUR D'ALENE	ID	83814
PARTNER/OWNER	ROBERT SWIDER	943 IRONWOOD DR #100	COEUR D'ALENE	ID	83814

5. Organized Under the Laws of: IDAHO W 55723	6. Signature  Name (Typed or Printed) <u>ROBERT SWIDER</u> Date <u>10/17/07</u> Title <u>CO-OWNER</u>
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Issued 08/02/2007

Do Not Tape or Staple

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