

No. <b>W 17576</b>		<b>Due no later than Dec 31, 2009</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  S.P.O.R.T. PHYSICAL THERAPY CLINIC, PLLC WILLIAM A NEUMAYER 328 WARNER DR BRYDEN CANYON CENTER LEWISTON ID 83501		WILLIAM A NEUMAYER 328 WARNER DR BRYDEN CANYON CENTER LEWISTON ID 83501			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	WILLIAM A NEUMAYER	328 WARNER DR BRYDEN CANYON CENTER	LEWISTON	ID	USA	83501	
MEMBER	MICHAEL F WARD	328 WARNER DR BRYDEN CANYON CENTER	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 17576</b>		Signature: William Neumayer				Date: 12/16/2009	
		Name (type or print): William Neumayer				Title: Member	
Processed 12/16/2009		* Electronically provided signatures are accepted as original signatures.					