

<b>No. C 131319</b>  Return to: <b>SECRETARY OF STATE</b> <b>450 NORTH FOURTH STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>	<b>Due no later than November 30, 2008</b> <b>Annual Report Form</b>  1. Mailing Address - Correct in this box, if applicable  <b>PHYSICAL THERAPY CLINIC, INC.</b> <b>PO BOX 1170</b> <b>SALMON, ID 83467</b>	2. Registered Agent and Office <b>NO PO BOX</b>  <b>NAN BRYANT</b> <b>802 SHOUP ST</b> <b>SALMON, ID 83467</b>  3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.
 

Office held	Name	Street or P.O. Address	City	State	Zip
President	Nan Bryant	PO Box 1170	Salmon	ID	83467
Vice Pres	John Bryant	PO Box 1170	Salmon	ID	83467
Secretary	Kathy Heald	PO Box 1170	Salmon	ID	83467

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 131319</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Nan Bryant P.T.</u></td> <td style="width: 40%;">Date <u>9-17-08</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Nan Bryant</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature <u>Nan Bryant P.T.</u>	Date <u>9-17-08</u>	Name (Typed or Printed) <u>Nan Bryant</u>	Title <u>President</u>
Signature <u>Nan Bryant P.T.</u>	Date <u>9-17-08</u>				
Name (Typed or Printed) <u>Nan Bryant</u>	Title <u>President</u>				

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**Do Not Tape or Staple**

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