

No. **C 158047**

**Due no later than December 31, 2005**

**Annual Report Form**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

**1. Mailing Address - Correct in this box, if applicable**

THORESON PHYSICAL THERAPY, P.A.  
1132 E POLSTON  
POST FALLS, ID 83854

2. Registered Agent and Office **NO PO BOX**

NATE THORESON  
1132 E POLSTON  
POST FALLS, ID 83854

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Nate Thoreson	1132 E. Polston Ave	Post Falls	ID	83854

5. Organized Under the Laws of:

IDAHO  
C 158047

6.

Signature

*Nate Thoreson*

Date

*10-31-05*

Name

(Typed or  
Printed)

*Nate Thoreson*

Title

*President*

200512007521

Issued 10/03/2005

Do Not Tape or Staple