

No. L 1154	Reinstatement Annual Report Form ADMIN TERMINATED 02/08/2007		2. Registered Agent and Office (NOT A P.O. BOX) MARLEY JACOBSON 860 SHOSHONE ST N TWIN FALLS ID 83301 <i>Robert Lobb</i>														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FAMILY PHYSICAL THERAPY LIMITED PARTNERSHIP (THE) HERNIMAN (UNBESTED) FELTON BOX 309 TWIN FALLS ID 83301 <i>3099 Boehm Est. Dr. Twin Falls, Id. 83301</i>		3. New Registered Agent Signature <i>RJL</i>														
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Ares. Robert Lobb</td> <td>3099 Boehm</td> <td>T. Falls</td> <td>Id.</td> <td>T. F.</td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		Ares. Robert Lobb	3099 Boehm	T. Falls	Id.	T. F.	83301
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5. Organized Under the Laws of: IDAHO L 1154	6. <table border="1"> <tr> <td>Signature: <i>RJL</i></td> <td>Date: <i>12-18-07</i></td> </tr> <tr> <td>Name (type or print): <i>R. Lobb</i></td> <td>Title: <i>Managing Partner</i></td> </tr> </table>			Signature: <i>RJL</i>	Date: <i>12-18-07</i>	Name (type or print): <i>R. Lobb</i>	Title: <i>Managing Partner</i>										
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Issued 12/18/2007 by LG

2007 DEC 19 AM 11:01
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