

<b>No. C 140727</b>	<b>Due no later than September 30, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>  HEATHER A HORA 729 PINE MOUNTAIN DR VICTOR, ID 83455												
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  PHILLIPS THERAPY INCORPORATED PO BOX 761 VICTOR, ID 83455		<b>3. New Registered Agent Signature</b>												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Heather Hora</td> <td>PO box 761</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Heather Hora	PO box 761	Victor	ID	83455
Office held	Name	Street or P.O. Address	City	State	Zip										
President	Heather Hora	PO box 761	Victor	ID	83455										
<b>5. Organized Under the Laws of:</b>  IDAHO C 140727		<b>6.</b> Signature <u>Heather Hora</u> Date <u>7/24/07</u> Name (Typed or Printed) <u>Heather Hora</u> Title <u>President</u>													

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**Do Not Tape or Staple**

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