

No. **C 86827**

Due no later than June 30, 2008

Annual Report Form

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

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

INSTITUTE OF PHYSICAL THERAPY AND F
LAWRENCE OHMAN
498 CRESTLINE CIRCLE DR
LEWISTON, ID 83501LAWRENCE OHMAN
678 SOUTHWAY
LEWISTON, ID 83501

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	Lawrence C. Ohman	498 Crestline Cir Dr	Lewiston	ID	83501
Vice President	Margaret E Ohman	498 Crestline Cir Dr	Lewiston	ID	83501

5. Organized Under the Laws of:

IDAHO
C 86827

6.

Signature

Margaret E. Ohman

Date

4-14-08

Name (Typed or Printed)

Margaret E. Ohman

Title

Vice President

Issued 04/01/2008

Do Not Tape or Staple

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