

No. C 86827

Due no later than June 30, 2008

Annual Report Form

Return to:

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

NO FILING FEE IF
RECEIVED BY DUE DATE

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

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

2. Registered Agent and Office NO PO BOX

LAWRENCE OHMAN
678 SOUTHWAY
LEWISTON, ID 83501

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
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