

No. C 172593

Due no later than April 30, 2008

Annual Report Form

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

LEE PHYSICAL THERAPY, P.C.  
18 E MAIN ST, Suite #1  
MIDDLETON, ID 83644

2. Registered Agent and Office NO PO BOX

BRIAN LEE  
18 E MAIN ST  
MIDDLETON, ID 83644

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          | Brian W. Lee | 18 E Main St., Suite 1        | Middleton   | Id           | 83644      |

5. Organized Under the Laws of:

IDAHO  
C 172593

6.

Signature

*Brian W. Lee*

Date

2/27/08

Name

(Typed or Printed)

Brian W. Lee

Title

Owner

Issued 02/01/2008

Do Not Tape or Staple

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