No. W 1219

Due no later than Jun 30, 2001

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable
PHYSICAL THERAPY CENTER OF POST FAL
FRED WEBER
1810 SCHNEIMILLER #301

POST FALLS, ID 83854

2. Registered Agent and Office **NO PO BOX**
FRED WEBER
1810 SCHNEIDMILLER #301

POST FALLS, ID 83854

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Brad Billington	2190 Ironwood Center Dr.	CdA	ID	83814
Member	Gary Schneider	8181 Cornerstone Dr	Hayden	ID	83835
Member	Fred Weber	1810 Schneidmiller Ave #301	Post Falls	ID	83854

5. Organized Under the Laws of:
IDAHO
W 1219

6.
Signature [signature] Date 4-16-01
Name (Typed or Printed) Fred Weber Title: ~~XXXX~~

4208

Issued 04/02/2001

Do Not Tape or Staple