Return to:	Due no later than February 28, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	
700 WEST JEFFERSON		SCOTT R HALL 490 MEMORIAL DR
PO BOX 83720	PEAK PERFORMANCE THERAPY SERVICES,	IDAHO FALLS, ID 83402
BOISE, ID 83720-0080	BRIGGS HORMAN	12.410 / /1220, 15 83402
=	1860 HEATHER CIR IDAHO FALLS, ID 83406	
NO FILING FEE IF	15A110 FALES, 1D 83406	3 New Posistored Asset St
RECEIVED BY DUE DATE		3. New Registered Agent Signature
Δ		
Corporations: Enter Name	es and Business Addresses of President, Secre	
Office held Name	Street or D.O. Addresses of President, Secre	etary and Directors,
£	Street of P.O. Address	State Zip
TRS BRIGHTER	Street or P.O. Address 2 Man 1860 Heaffer Cirls An	- TO 83906
Se. WEINY Hop	en aar	85706
JULY TON	RMAN CO	· · · · · · · · · · · · · · · · · · ·
Organized Under the Lawre		
. Organized Under the Laws of:	6.	
Organized Under the Laws of:		1/21-
IDAHO		Date 1/13/05
Organized Under the Laws of: IDAHO C 137728		Date 1/13/05 Title Pres