

No. C117721	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct If Not Correct	BRIDGET C CHOW 5255 OVERLAND RD BOISE ID 83705
	HANDS-ON PHYSICAL THERAPY, P 5255 OVERLAND RD BOISE ID 83705	3. Organized Under the Laws of: ID C117721

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President - Director	Bridget C Chow	1023 N. Purple Sage Way	Eagle	ID	83616
Secretary - Director	Benny Chow	1023-N. Purple Sage Way	Eagle	ID	83616

5. Signature of New Registered Agent	6. Signature <u>Benny Chow</u> Date <u>July 19/99</u> Name (Printed) <u>BENNY CHOW</u> Title <u>Secretary</u>
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ISSUED: 07-03-1999

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