

No. C 158114		Due no later than Jan 31, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HILLMAN PHYSICAL THERAPY, P.A. 6479 W BIG SKY DR POST FALLS ID 83854		DAVID HILLMAN 6479 W BIG SKY DR POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CATHERINE E HILLMAN	6479 W. BIG SKY DR.	POST FALLS	ID	USA	83854	
PRESIDENT	DAVID W HILLMAN	6479 W. BIG SKY DR.	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 158114		6. Annual Report must be signed.* Signature: David Hillman Name (type or print): David Hillman					
		Date: 02/08/2008 Title: President					
Processed 02/08/2008		* Electronically provided signatures are accepted as original signatures.					