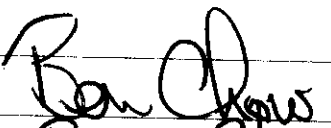


No. C 117721 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than January 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HANDS-ON PHYSICAL THERAPY, P.A. 5255 OVERLAND RD BOISE, ID 83705	2. Registered Agent and Office NO PO BOX BRIDGET C CHOW 5255 OVERLAND RD BOISE, ID 83705 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bridget Chow</td> <td>1023-N. Purple Sage Way</td> <td>Eagle</td> <td>Idaho</td> <td>83616</td> </tr> <tr> <td>Secretary treasurer</td> <td>Ben Chow</td> <td>1023-N. Purple Sage Way</td> <td>Eagle</td> <td>Idaho</td> <td>83616</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Bridget Chow	1023-N. Purple Sage Way	Eagle	Idaho	83616	Secretary treasurer	Ben Chow	1023-N. Purple Sage Way	Eagle	Idaho	83616
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5. Organized Under the Laws of: IDAHO C 117721	6. Signature  Name (If, Inc. or Partners) BEN CHOW	Date Nov 8/04 Title secretary/treas																		