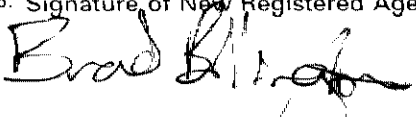


No. W 5748	Annual Report Form 1999 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX JEFFERY J CRANDALL 1620 S NORTHWEST BLVD Brad Billington 2190 Ironwood Center Drive COEUR D'ALENE ID 83814																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct LAKESIDE PHYSICAL THERAPY, L 2190 IRONWOOD CENTER DR COEUR D'ALENE ID 83814	3. Organized Under the Laws of: ID W 5748																								
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)																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 35%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Brad Billington</td> <td>26 S. T. Jones 2190 Ironwood Center Dr.</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Manager</td> <td>Fred Weber</td> <td>1810 Schneidmiller #301</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>MANAGER</td> <td>GARY SCHNEIDER</td> <td>2190 IRONWOOD CENTER DR.</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Brad Billington	26 S. T. Jones 2190 Ironwood Center Dr.	Coeur d'Alene	ID	83814	Manager	Fred Weber	1810 Schneidmiller #301	Post Falls	ID	83854	MANAGER	GARY SCHNEIDER	2190 IRONWOOD CENTER DR.	COEUR D'ALENE	ID	83814
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5. Signature of New Registered Agent 	6.  Signature _____ Date <u>7-20-99</u> Name (Typed or Printed) <u>Brad Billington</u> Title <u>Manager/Member</u>																									
ISSUED: 07-03-1999 5938																										