

No. C 117721	Due no later than January 31, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX BRIDGET C CHOW 5255 OVERLAND RD BOISE, ID 83705																								
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HANDS-ON PHYSICAL THERAPY, P.A. 5255 OVERLAND RD BOISE, ID 83705		3. New Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bridget Chow</td> <td>1023 - N. Purple Sage Way</td> <td>Eagle</td> <td>Id</td> <td>83616</td> </tr> <tr> <td>Secretary</td> <td>Benny Chow</td> <td>1023 - N. Purple Sage Way</td> <td>Eagle</td> <td>Id</td> <td>83616</td> </tr> <tr> <td>Treasurer</td> <td></td> <td>5255 - Overland Rd</td> <td>Boise</td> <td>Id</td> <td>83705</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Bridget Chow	1023 - N. Purple Sage Way	Eagle	Id	83616	Secretary	Benny Chow	1023 - N. Purple Sage Way	Eagle	Id	83616	Treasurer		5255 - Overland Rd	Boise	Id	83705
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5. Organized Under the Laws of: IDAHO C 117721		6. Signature <u>Ben Chow</u> Date <u>Nov 11/08</u> Name (Typed or Printed) <u>Ben Chow</u> Title <u>Secretary</u>																									
Issued 11/05/2008		Do Not Tape or Staple																									
		200901001980																									