* * · · · · · · · · · · · · · · · · · ·	l 199 No. 1	Ti di co	-	i illui i	5 M.U. 5UX :	
Patura ka	Due No Later Than November 30,		_ BRIDGET	L BRIDGET C CHOW		
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct		5255 OVF	5255 OVERLAND RD		
700 WEST JEFFERSON	HANDS-ON PHYSICAL THERAPY, P					
PO BOX 83720 BOISE, ID 83720-0080			BOISE	10	83705	
	5255 OVERLAND RD					
NO FEE REQUIRED			3. Organized Under	3. Organized Under the Laws of:		
* FIRST NOTICE *	BOISE	ID 83705	ID	0117	721	
4. Corporations: Enter Names and	Business Addresses of Pres	sident, Secretary and Directors				
Limited Liability Companies: Enti	er Names and Addresses o	f 🗆 Managers or 🗀 Member	s (check one)		į	
Office held Name		et or P.O. Address	City	State	Zîp	
heardont BRIDGE	T CHOW MOR	or P.O. Address -N. Awald Sege Wa -N. Awale Sege Wa	y Eagle	OHAN	836(
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 Signature of New Registered 	Agent 6.			1 1 1	Ω_{Λ}	
	Cianatura	TOX. WA	٠, ٢	111151	XK I	
	Signature Date Date					
	Name (Type	ed or 'EEN LHOW	Title 🛨	realing		
ISSUED: 07-03-1	998 		2	- - 2613		
To the STATE of Landscare Constitution of the Landscare Constituti	DO NOT	TAPE OR STAPLE	\downarrow	-		
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