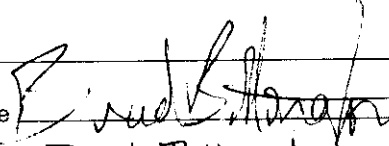


No. W 1219	Due no later than Jun 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX FRED WEBER 1810 SCHNEIDMILLER #301 POST FALLS, ID 83854																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable PHYSICAL THERAPY CENTER OF POST FAL FRED WEBER 1810 SCHNEIMILLER #301 POST FALLS, ID 83854		3. New Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Brad Billington</td> <td>1810 Schneidmiller #301</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Manager/Member</td> <td>Fred Weber</td> <td>850 W. Ironwood Dr #103</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Member</td> <td>Gary Schneider</td> <td>8245 Cornerstone Dr,</td> <td>Hayden</td> <td>ID</td> <td>83835</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Brad Billington	1810 Schneidmiller #301	Post Falls	ID	83854	Manager/Member	Fred Weber	850 W. Ironwood Dr #103	Coeur d'Alene	ID	83814	Member	Gary Schneider	8245 Cornerstone Dr,	Hayden	ID	83835
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5. Organized Under the Laws of: IDAHO W 1219		6. Signature  Name (Typed or Printed) <u>Brad Billington</u> Title <u>P.T.</u> Date <u>4-14-03</u>																									