No. **W 20076**	**Due no later than Jul 31, 2010**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** POCATELLO THERAPY SERVICES, LLC KATHLYNN BALL 801 S 1ST E GRACE ID 83241	DOUG BALL 300 S 3RD W SODA SPRINGS ID 83276 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DOUG BALL	801 S 1ST E	GRACE	ID	USA	83241

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 20076**	Signature: Kathlynn Ball	Date: 05/14/2010
	Name (type or print): Kathlynn Ball	Title: Office Manager

Processed 05/14/2010

* Electronically provided signatures are accepted as original signatures.