No. **W 63445**	**Due no later than Jun 30, 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.** MOVE AHEAD PHYSICAL THERAPY L.L.C. WALLACE L ARAVE PO BOX 262 SHELLEY ID 83274 USA	WALLACE L ARAVE PT 1460 NORTH 800 EAST SHELLEY ID 83274 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	WALLACE L ARAVE	PO BOX 262	SHELLEY	ID	USA	83274
MANAGER	CAROLYN M ARAVE	PO BOX 262	SHELLEY	ID	USA	83274

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 63445**	Signature: Wallace L Arave	Date: 07/01/2010
	Name (type or print): Wallace L Arave	Title: Manager/Owner

Processed 07/01/2010

* Electronically provided signatures are accepted as original signatures.