

Annual Report Form

Due No Later Than November 30,

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

*** FIRST NOTICE ***

1. Mailing Address - Please Correct, If Not Correct

CENTER FOR PHYSICAL REHABILITATION
JULIE A ELLIS
496 G SHOUP AVE W

TWIN FALLS ID 83301

2. Registered Agent and Office NOT A P.O. BOX

JULIE A ELLIS
496 G SHOUP AVE W
TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID W 746

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Julie A. Ellis

496 G Shoup Ave W

Twin Falls ID 83301

Charles T. Wagner

Same

5. Signature of New Registered Agent

6.

Signature

Julie A. Ellis

Date

7/13/98

Name (Typed or Printed)

Julie A. Ellis

Title

Partner

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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