

No. W 71566

Due no later than February 28, 2009

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

BRIGGS PHYSICAL THERAPY LLC
PO BOX 284
SUGAR CITY, ID 83448

ROBERT A BRIGGS
221 S PARK AVE
SUGAR CITY, ID 83448

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Member</i>	<i>Robert Briggs</i>	<i>PO Box 284</i>	<i>Sugar City</i>	<i>ID</i>	<i>83448</i>

5. Organized Under the Laws of:
IDAHO
W 71566

6. Signature *Robert Allan Briggs* Date *12-15-08*
Name (Typed or Printed) *Robert Allan Briggs* Title ^{*2nd*} *Member/member*

Issued 12/01/2008

Do Not Tape or Staple

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