No. W 35787	Due no later than Jan 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: Annual		nual Report Form		H MICHAEL RUSSELL		
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed. AFFORDABLE PHYSICAL THERAPY, P.L.L.C. H MICHAEL RUSSELL PO BOX 198		204 PROSPECT AVE HARRISON ID 83833-0198			
PO BOX 83720 BOISE, ID 83720-0080						
	HARRISON ID 83833-0198		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter N	ames and Addresses of	at least one Member or Manager.				
Office Held Name		Street or PO Address	City	State	Country	Postal Code
MANAGER H MICHAEL RUSSELL		PO BOX 198 204 PROSPECT AVE	HARRISON	ID	USA	83833
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID Signature: H Micha		ael Russell	Date: 11/16/2013			
W 35787	Name (type or print): H Michael Russell		Title: Manager			
Processed 11/16/2013	* Electronically provided signatures are accepted as original signatures.					