

No. W 39926		Due no later than Jun 30, 2006		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. CORE PHYSICAL THERAPY P.L.L.C. 903 HOUSTON BOISE ID 83706		KRISTINE M MCFERREN 903 HOUSTON BOISE ID 83706	
				3. <u>New</u> 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	KRISTINE M MCFERREN	903 HOUSTON ROAD	BOISE	ID	83706
5. Organized Under the Laws of: IDAHO W 39926		6. Annual Report must be signed.* Signature: Kristine M. McFerren Name (type or print): Kristine M. McFerren Date: 06/25/2006 Title: Manager			
Processed 06/25/2006		* Electronically provided signatures are accepted as original signatures.			