

No. W 63481		Due no later than Jun 30, 2009		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		1. Mailing Address: Correct in this box if needed. EAGLE ROCK PHYSICAL THERAPY PLLC JACOB BENJAMIN ROBERTS 1542 ELK CREEK DR STE B IDAHO FALLS ID 83404		JACOB BENJAMIN ROBERTS 1542 ELK CREEK DR STE B IDAHO FALLS ID 83404			
				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	JACOB ROBERTS	1169 WASHBURN	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 63481		6. Annual Report must be signed.* Signature: Marisa Roberts Name (type or print): Marisa Roberts Date: 05/16/2009 Title: Office Manager					
Processed 05/16/2009		* Electronically provided signatures are accepted as original signatures.					