

No. W 746	Due no later than Dec 31, 2014 Annual Report Form		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. CENTER FOR PHYSICAL REHABILITATION, L.L.C. JULIE A ELLIS 754 N COLLEGE RD STE D TWIN FALLS ID 83301		JULIE A ELLIS 754 N COLLEGE RD STE D TWIN FALLS 83301			
			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
MEMBER	JULIE A ELLIS	754 N COLLEGE RD STE D	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 746		6. Annual Report must be signed.* Signature: JULIE ELLIS Name (type or print): JULIE ELLIS Date: 01/12/2015 Title: MEMBER				
Processed 01/12/2015		* Electronically provided signatures are accepted as original signatures.				