

No. W 45669		Due no later than Dec 31, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PRO MOTION PHYSICAL THERAPY, LLC GAVIN MORRISON 4725 SAMARA ST BOISE ID 83703		GAVIN MORRISON 4725 SAMARA ST BOISE ID 83705			
				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	GAVIN MORRISON	4725 SAMARA ST	BOISE	ID	USA	83705	
MEMBER	SHARON MORRISON	4725 SAMARA STREET	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID W 45669		6. Annual Report must be signed.* Signature: Gavin Morrison Name (type or print): Gavin Morrison Date: 01/11/2010 Title: Member / Manager					
Processed 01/11/2010		* Electronically provided signatures are accepted as original signatures.					