

|                                                                                                                                                        |                 |                                                                                                                                                                                                  |         |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 63445</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2013</b>                                                                                                                                                            |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOVE AHEAD PHYSICAL THERAPY L.L.C.<br>WALLACE L ARAVE<br>PO BOX 262<br>SHELLEY ID 83274<br>USA |         | WALLACE L ARAVE PT<br>1460 NORTH 800 EAST<br>SHELLEY ID 83274 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                  |         | 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                                                                                                                                                | WALLACE L ARAVE | PO BOX 262                                                                                                                                                                                       | SHELLEY | ID                                                            | USA     | 83274            |  |
| MANAGER                                                                                                                                                | CAROLYN M ARAVE | PO BOX 262                                                                                                                                                                                       | SHELLEY | ID                                                            | USA     | 83274            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                                                |         |                                                               |         |                  |  |
| <b>ID<br/>W 63445</b>                                                                                                                                  |                 | Signature: Wallace Arave                                                                                                                                                                         |         |                                                               |         | Date: 07/15/2013 |  |
|                                                                                                                                                        |                 | Name (type or print): Wallace Arave                                                                                                                                                              |         |                                                               |         | Title: Manager   |  |
| Processed 07/15/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |         |                                                               |         |                  |  |