

No. <b>W 76142</b>	<b>Due no later than Jul 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FUNCTIONAL PHYSICAL THERAPY CENTER LLC REJCOOMAR ISSUREE 8950 W EMERALD STE 158 BOISE ID 83704 USA		REJCOOMAR ISSUREE 8950 W EMERALD STE 158 BOISE ID 83704			
			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	RAJCOOMAR ISSUREE	8950 W. EMERALD ST, SUITE 195	BOISE	ID	USA	83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 76142</b>		6. Annual Report must be signed.* Signature: R Issuree Name (type or print): R Issuree Date: 05/25/2011 Title: Director/owner				
Processed 05/25/2011		* Electronically provided signatures are accepted as original signatures.				