

No. W 746

**Due no later than December 31, 2008
Annual Report Form**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

**CENTER FOR PHYSICAL REHABILITATION,
JULIE A ELLIS
714 N COLLEGE RD
TWIN FALLS, ID 83301**

2. Registered Agent and Office NO PO BOX

**JULIE A ELLIS
714 N COLLEGE RD STE B
TWIN FALLS, ID 83301**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
--------------------	-------------	-------------------------------	-------------	--------------	------------

Member	Julie Ellis	3228 Highlawn, Twin Falls, ID 83301
Member	Charles T Wagner	3228 Meadowridge Cir, Twin Falls, ID 83301
Member	Dennis Gillette	832 Alturas Dr, Twin Falls, ID 83301
Member	Tracy Becerra	433 Crestview Dr, Twin Falls, ID 83301
Member	Seth Phillips	640 Garnet, Twin Falls, ID 83301

5. Organized Under the Laws of:

**IDAHO
W 746**

**6.
Signature**

**Name (typed or
Printed)**

Julie A. Ellis

Date

Oct 10, 2008

Title

Member