No. W 61411	Due no later than Apr 30, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		nual Report Form		WITHERSPOON KELLEY DAVENPORT			
700 WEST JEFFERSON PO BOX 83720 POISE ID 83770-0080		1. Mailing Address: Correct in this box if needed. IN TOUCH REHABILITATION SERVICES, PLLC C/O WITHERSPOON, KELLEY, ET AL. 608 NW BLVD STE 300		608 NW BLVD STE 401 COEUR D'ALENE ID 83815			
	COEUR D'ALENE ID 83815		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	ames and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LEE NAGLE	R LEE NAGLE		HAUSER	ID	USA	83854	
MEMBER BRAD SHARPLES-FAUCHER		3015 SAND TRAP COURT	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: 6. Annual Report m		st be signed.*					
ID	Signature: Dennis	Signature: Dennis M. Davis		Date: 04/01/2009			
W 61411	Name (type or print): Dennis M. Davis		Title: Attorney/Registered Agent				
Processed 04/01/2009	* Electronically provided signatures are accepted as original signatures.						