

No. <b>W 63445</b>		<b>Due no later than Jun 30, 2008</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>1. Mailing Address: Correct in this box if needed.</b>  MOVE AHEAD PHYSICAL THERAPY L.L.C. WALLACE L ARAVE PO BOX 262 SHELLEY ID 83274 USA		WALLACE L ARAVE PT 1460 NORTH 800 EAST SHELLEY ID 83274			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID</b> <b>W 63445</b>		6. Annual Report must be signed.*  Signature: Wallace L Arave Name (type or print): Wallace L Arave  Date: 07/13/2008 Title: Manager					
Processed 07/13/2008 * Electronically provided signatures are accepted as original signatures.							