

No. <b>W 63445</b>		<b>Due no later than Jun 30, 2008</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>Annual Report Form</b>  <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			
				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 W 63445</b>		Signature: Wallace L Arave				Date: 07/13/2008	
		Name (type or print): Wallace L Arave				Title: Manager	
Processed 07/13/2008		* Electronically provided signatures are accepted as original signatures.					