

No. W 746 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than December 31, 2004 Annual Report Form 1. Mailing Address - Correct in this box, if applicable CENTER FOR PHYSICAL REHABILITATION, JULIE A ELLIS 496 G SHOUP AVE W TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX JULIE A ELLIS 496 G SHOUP AVE W TWIN FALLS, ID 83301 3. New Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Julie A. Ellis</td> <td>714 N. College Rd Ste B</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Member</td> <td>Dennis Gillette</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Member</td> <td>Charles T. Wagner</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Member	Julie A. Ellis	714 N. College Rd Ste B	Twin Falls	ID	83301	Member	Dennis Gillette	Same				Member	Charles T. Wagner				
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5. Organized Under the Laws of: IDAHO W 746	6. Signature <u>Julie Ellis</u> Date <u>Oct 18, 2004</u> Name (Print or Type) <u>Julie A. Ellis</u> Title <u>member</u>																									