

|  |                               |  |           |  |         |             |  |
|--|-------------------------------|--|-----------|--|---------|-------------|--|
| No. <b>W 39713</b>   |                               | <b>Due no later than May 31, 2012</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>HIGHLAND PHYSICAL THERAPY LLC<br>MICHAEL E OTTO<br>1951 E BENCH STE E<br>POCATELLO ID 83201<br>USA |           | JONI VAUGHN-POWELL<br>1951 BENCH ST<br>SUITE E<br>POCATELLO ID 83201 |         |             |  |
|  |                               |  |           | 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 |  |
| MEMBER   | GATE CITY PHYSICAL THERAPY PA | 1951 E BENCH STE E   | POCATELLO | ID   | USA     | 83201       |  |
| MEMBER   | NEW DAY PHYSICAL THERAPY PC   | 1135 YELLOWSTONE STE D   | POCATELLO | ID   | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 39713</b>   |                               | 6. Annual Report must be signed.*<br>Signature: Joni Vaughn-Powell<br>Name (type or print): Joni Vaughn-Powell<br>Date: 03/14/2012<br>Title: Partner   |           |  |         |             |  |
| Processed 03/14/2012   |                               | * Electronically provided signatures are accepted as original signatures.  |           |  |         |             |  |