

No. W 29867

Due no later than April 30, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ALPINE PHYSICAL THERAPY, P.L.L.C.
3295 SOUTH 4000 WEST
REXBURG, ID 83440

CRISTINE A WALTERS
3295 SOUTH 4000 WEST
REXBURG, ID 83440

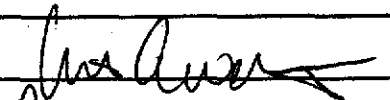
**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member Manager	Cristine A. Walters	3295 S. 4000 W.	Rexburg	ID	83440

5. Organized Under the Laws of:
IDAHO
W 29867

6. Signature  Date 2/12/09
Name (Typed or Printed) Cristine A. Walters Title Member-Owner

Issued 02/02/2009

Do Not Tape or Staple

200904006513