

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

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

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

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 Cristine A. Walters 3295 S. 4000W. Rexburg ID 83440
Manager

5. Organized Under the Laws of:

IDAHO
W 29867

6.

Signature

(Type or
Printed)

Cristine A. Walters

Date

2/12/09

Title Member - Owner

Issued 02/02/2009

Do Not Tape or Staple

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