

No. <b>W 1219</b>	<b>Due no later than Jun 30, 2008</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> PHYSICAL THERAPY CENTER OF POST FALLS, P.L.L.C. (THE) BRAD BILLINGTON 8257 N. CORNERSTONE DR HAYDEN ID 83835 USA		BRAD BILLINGTON 201 S JUNIPER CT POST FALLS ID 83854			
			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	BRAD W BILLINGTON	201 S JUNIPER CT	POST FALLS	ID	USA	83854
MEMBER	GARY SCHNEIDER	8657 E. CLARKVIEW PLACE	HAYDEN	ID	USA	83835
5. Organized Under the Laws of:  <b>ID W 1219</b>	6. Annual Report must be signed.* Signature: Brad Billington Name (type or print): Brad Billington Date: 04/11/2008 Title: Manager member					
Processed 04/11/2008		* Electronically provided signatures are accepted as original signatures.				