

No. W 1219		Due no later than Jun 30, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		BRAD BILLINGTON 201 S JUNIPER CT POST FALLS ID 83854			
		1. Mailing Address: Correct in this box if needed. PHYSICAL THERAPY CENTER OF POST FALLS, P.L.L.C. (THE) BRAD BILLINGTON 8257 N. CORNERSTONE DR HAYDEN ID 83835 USA		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:		6. Annual Report must be signed.*					
ID W 1219		Signature: Brad Billington			Date: 04/11/2008		
		Name (type or print): Brad Billington			Title: Manager member		
Processed 04/11/2008		* Electronically provided signatures are accepted as original signatures.					