No. W 900			Due no later than Feb 28, 2007	2. Registered Agent and Address (NO PO BOX)					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form			DENNIS M. DAVIS 608 NORTHWEST BLVD. STE. 401 COEUR D'ALENE ID 83814				
		1. Mailing Address: Correct in this box if needed. RIVER CITY PHYSICAL THERAPY, P.L.L.C. DENNIS M. DAVIS 608 NORTHWEST BLVD. STE. 401 COEUR D'ALENE ID 83814							
				3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compani	ies: Enter Na	mes and Addres	ses of at least one Member or Man	ager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MEMBER ERIC VERHA			1100 EAST POLSTON		POST FALLS	ID		83854	
MEMBER DAVID HILLN		1AN	1100 EAST POLSTON		POST FALLS	ID		88354	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
IDAHO W 900		Signature: DENNIS M. DAVIS		Date	Date: 12/29/2006				
		Name (type or print): DENNIS M. DAVIS Title: ATTORNEY AND REGISTERED AGENT							
Processed 12/29/2006	ocessed 12/29/2006 * Electronically provided signatures are accepted as original signatures.								