

|  |               |  |           |   |         |             |  |
|--|---------------|--|-----------|---|---------|-------------|--|
| No. <b>W 58917</b>   |               | <b>Due no later than Feb 29, 2012</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DOBSON PHYSICAL THERAPY LLC<br>BRENT E DOBSON<br>1595 SATTERFIELD DR<br>POCATELLO ID 83201 |           | BRENT DOBSON<br>1595 SATTERFIELD DR<br>POCATELLO ID 83201 |         |             |  |
|  |               |  |           | 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   | BRENT DOBSON  | 1595 SATTERFIELD DR  | POCATELLO | ID  | USA     | 83201       |  |
| MEMBER   | SHARLA DOBSON | 1595 SATTERFIELD DR  | POCATELLO | ID  | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 58917</b>   |               | 6. Annual Report must be signed.*<br>Signature: Brent Dobson<br>Name (type or print): Brent Dobson<br>Date: 03/07/2012<br>Title: Pt  |           |   |         |             |  |
| Processed 03/07/2012   |               | * Electronically provided signatures are accepted as original signatures.  |           |   |         |             |  |