

No. W 80378		Due no later than Jan 31, 2009		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 1. Mailing Address: Correct in this box if needed. WHEELWRIGHT PHYSICAL THERAPY, LLC DALE C WHEELWRIGHT 58 S 520 W BLACKFOOT ID 83221		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 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	SHAUNA D WHEELWRIGHT	58 S. 520 W.	BLACKFOOT	ID	USA 83221-6187
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 80378		Signature: S. Wheelwright Name (type or print): S. Wheelwright		Date: 11/29/2010 Title: Member	
Processed 11/29/2010		* Electronically provided signatures are accepted as original signatures.			