

No. W 10955		Due no later than Jan 31, 2007		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. BURLEY PHYSICAL THERAPY AND REHABILITATION LLC PO BOX 4223 POCATELLO ID 83205-4223		CRAE T BERRETT 601 BRENT ST 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
MANAGER	CRAE T BERRETT	2891 SHELLY PLACE	POCATELLO	ID	83201
5. Organized Under the Laws of: IDAHO W 10955		6. Annual Report must be signed.* Signature: Crae Berrett Name (type or print): Crae Berrett Date: 11/13/2006 Title: Manager			
Processed 11/13/2006		* Electronically provided signatures are accepted as original signatures.			