No. W 900		Due no later than Feb 28, 2013 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) ERIC VERHAEGHE 1132 E POLSTON AVE POST FALLS ID 83854			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RIVER CITY PHYSICAL THERAPY, P.L.L.C. ERIC N VERHAEGHE 1132 E POLSTON AVE						
				POST PALLS IL				
		POST FALLS ID 83854		3. New Registered	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: Enter Nar	nes and Address	es of at least one Member or Manager.					
Office Held Name			Street or PO Address	City	State	Country	Postal Code	
MEMBER	ERIC VERHAEGHE		7054 W NIGHTHAWK DR	POST FALLS	ID	USA	83854	
MEMBER	DAVID HILLN	1AN	6479 BIG SKY DR	POST FALLS	ID	USA	88354	
MEMBER NATE THOR		ESON	7322 W CENTURY DR	POST FALLS	ID	USA	83854	
MEMBER	IVANKA KURAN		5435 Martha Loop	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Repor						
ID		Signature: Eric Verhaeghe			Date: 01/14/2013			
W 900		Name (type o		Title: Member				
Processed 01/14/2013 * Electronically provided signatures are accepted as original signatures.								