No. W 10955

Due no later than January 31, 2006

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box. if applicable

BURLEY PHYSICAL THERAPY AND REHABIL
PO BOX 4223
POCATELLO, ID 83205 4223

2. Registered Agent and Office **NO PO BOX**

CRAE T BERRETT
601 BRENT ST
POCATELLO, ID 83201

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Man. Member	Crae Berrett	601 Brent St	Pocatello	ID	83201

5. Organized Under the Laws of:
IDAHO
W 10955

6.
Signature _____ Date 11/14/05
Name (Typed or Printed) Crae Berrett Title Man- member

Issued 11/01/2005

Do Not Tape or Staple

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