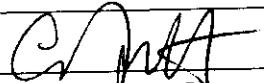


No. W 10955	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX CRAE T BERRETT 601 BRENT ST POCATELLO, ID 83201													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BURLEY PHYSICAL THERAPY AND REHABIL PO BOX 4223 POCATELLO, ID 83205 4223		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>man. member</td> <td>Crae Berrett</td> <td>601 Brent St</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	man. member	Crae Berrett	601 Brent St	Pocatello	ID	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
man. member	Crae Berrett	601 Brent St	Pocatello	ID	83201											
5. Organized Under the Laws of: IDAHO W 10955		6. Signature  Name (Typed or Printed) Crae Berrett Date 11/14/05 Title man. member.														