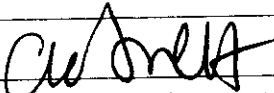


No. W 10955	Due no later than January 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable BURLEY PHYSICAL THERAPY AND REHABIL PO BOX 4223 POCATELLO, ID 83205 4223		CRAE T BERRETT 601 BRENT ST POCATELLO, ID 83201	
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature	

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

<u>Office held</u>	<u>Name</u>	<u>Street or P O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Crae Bennett	PO Box 4223	Pocatello	ID	83201
Manager	Nick Greenwell	710 S. College	Oakley	ID	83346

5. Organized Under the Laws of: IDAHO W 10955	6. Signature <u></u> Date <u>11/23/04</u> Name (Typed or Printed) <u>Crae Bennett</u> Title <u>Manager</u>
--	--