

No. W 29867	Due no later than Apr 30, 2012 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. ALPINE PHYSICAL THERAPY, P.L.L.C. CRIS A WALTERS 3295 SOUTH 4000 WEST REXBURG ID 83440 USA		CRISTINE A WALTERS 3295 SOUTH 4000 WEST REXBURG ID 83440			
			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
MEMBER	CRISTINE A WALTERS	3295 SOUTH 4000 WEST	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID W 29867	6. Annual Report must be signed.* Signature: Cristine A. Walters Name (type or print): Cristine A. Walters		Date: 02/16/2012 Title: Owner			
Processed 02/16/2012		* Electronically provided signatures are accepted as original signatures.				