

No. J 1174	Due no later than August 31, 2006 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 ASPEN PHYSICAL THERAPY AND WORKSITE PO BOX 6027 POCATELLO, ID 83205 6027	BRANDI L SCOTT 1800 GARRETT WAY STE 19A POCATELLO, ID 83201
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Brandi Scott	PO BOX 6027	Pocatello	ID	83205
	Eart McDonald	PO BOX 6027	Pocatello	ID	83205

5. Organized Under the Laws of: IDAHO J 1174	6. Signature <u>Brandi L. Scott</u> Date <u>6-13-06</u> Name <small>(Typed or Printed)</small> <u>Brandi L. Scott</u> Title <u>owner/partner</u>
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