

No. <b>W 1108</b>		Due no later than May 31, 2012 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> SOUTHERN IDAHO THERAPY SERVICES, P.L.L.C. SCOTT R. BLOXHAM PO BOX 565 JEROME ID 83338		SCOTT R BLOXHAM 1224 8TH ST STE A RUPERT ID 83350			
				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	SCOTT R BLOXHAM PC	PO BOX 1152	BURLEY	ID	USA	83318	
MEMBER	DAVEE C MUSSMANN PC	3512 N 4500 E	MURTAUGH	ID	USA	83344	
MEMBER	MARIA HERNANDEZ	15 E 100 S	RUPERT	ID	USA	83350	
MEMBER	JEFF BALDWIN	385 S HWY 27	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:  <b>ID W 1108</b>		6. Annual Report must be signed.* Signature: Elaine Ford Name (type or print): Elaine Ford					
		Date: 03/08/2012 Title: Financial manager					
Processed 03/08/2012		* Electronically provided signatures are accepted as original signatures.					