

No. W 20076		Due no later than Jul 31, 2005		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. POCATELLO THERAPY SERVICES, LLC SHARILYN MILLER PO BOX 70689 WEST VALLEY CITY UT 84170 0000		DOUG BALL 1800 GARRETT WY POCATELLO ID 83201 0000	
				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
MANAGER	DOUG BALL	1544 BENCH RD #G6	POCATELLO	ID	83201
MANAGER	PAUL WORTLEY ROCKY MOUNTAIN THERAPY SERVICE	3336 S PIONEER PKWY	WVC	UT	84120
MANAGER	TOM BATES	109 CHESTNUT	LAKE JACKSON	TX	77566
5. Organized Under the Laws of: IDAHO W 20076		6. Annual Report must be signed.* Signature: Sharilyn Miller, Accountant Name (type or print): Sharilyn Miller, Accountant Date: 05/06/2005 Title: Sharilyn Miller Accountant			
Processed 05/06/2005		* Electronically provided signatures are accepted as original signatures.			