No. **W 87290**	**Due no later than Sep 30, 2010** **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.** SILVER VALLEY PHYSICAL THERAPY, LLC LISA DARST MPT PO BOX 6 KELLOGG ID 83837	LISA JOANN DARST MPT 5968 CDA RIVER RD KINGSTON ID 83839 3. New 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	LISA JOANN DARST	5968 CDA RIVER RD	KINGSTON	ID	USA	83839

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 87290**	Signature: Lisa Darst, MPT	Date: 07/27/2010
	Name (type or print): Lisa Darst, MPT	Title: Owner/manager

Processed 07/27/2010

* Electronically provided signatures are accepted as original signatures.