No. <b>W 61411</b>	Due r	Due no later than Apr 30, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:	1A	Annual Report Form		WITHERSPOON KELLEY DAVENPORT 608 NW BLVD STE 300 COEUR D'ALENE ID 83814				
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Add	1. Mailing Address: Correct in this box if needed.  IN TOUCH REHABILITATION SERVICES, PLLC C/O WITHERSPOON KELLEY 608 NW BLVD STE 300 COEUR D'ALENE ID 83814						
PO BOX 83720 BOISE, ID 83720-0080	C/O WITHERSPO							
	COEUR D'ALENE			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Ent	er Names and Addresses o	f at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER BRAD SHARPLES-FAUCHER		NORTH 3015 SAND TRAP WAY	POST FALLS	ID	USA	83854		
MEMBER LEE NAGLE		12387 NORTH NINE BARK ROAD	HAUSER	ID	USA	83854		
5. Organized Under the Laws of:	6. Annual Report m	5. Annual Report must be signed.*						
ID ID	Signature: Denni	Signature: Dennis M. Davis		Date: 04/02/2012				
W 61411	Name (type or pr	Name (type or print): Dennis M. Davis		Title: Registered Agent				
Processed 04/02/2012	* Electronically provided signatures are accepted as original signatures.							