No. W 63481

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

DUE NO LATER THAN JUN 30, 2008
Annual Report Form

1. Mailing Address - Correct in this box, if applicable
EAGLE ROCK PHYSICAL THERAPY PLLC
JACOB BENJAMIN ROBERTS
1542 ELK CREEK DR STE B
IDAHO FALLS, ID 83404

2. Registered Agent and Office NO PO BOX
JACOB BENJAMIN ROBERTS
1542 ELK CREEK DR STE ~~100~~ B
IDAHO FALLS, ID 83404

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 P.O. Address	City	State	Zip
Owner & manager	Jacob Benjamin Roberts	1278 Pebble Creek	Idaho Falls	ID	83404
co-owner & office supervisor	Marisa Roberts	1278 Pebble Creek	Idaho Falls	ID	83404

5. Organized Under the Laws of:
IDAHO
W 63481

6.
Signature Jacob Roberts, DPT Date 7-7-08
Name (Typed or Printed) JACOB Roberts Title OWNER - P.T.

Issued 7/7/2008 by SL1

Do Not Tape or Staple
Fold, seal and mail this portion.

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