INSTRUCTIONS ON REVERSE SIDE

ISSUED: 09-30-1995

No. 746

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

** FINAL NOTICE **
NO FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*

CENTER FOR PHYSICAL REHABILITAT
JULIE A ELLIS
496 G SHOUP AVE W

TWIN FALLS ID 83301

2. Registered Agent and Office NOT A P.O. BOX

JULIE A ELLIS
496 G SHOUP AVE W

TWIN FALLS ID 83301

3. Organized Under The Laws of

ID
NO: 746

4. Names and Addresses of ☐ Managers or ☒ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Julie A. Ellis	3228 Highlawn	Twin Falls	ID	83301
Charles T. Waynes	3228 Meadow Ridge Circle	Twin Falls	ID	83301

5. Signature of the Current Registered Agent
(If changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Julie A. Ellis Date Nov 22, 1995

Name (Please Print) Julie A. Ellis