

No. W 746

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

1. Mailing Address - Correct in this box, if applicable

CENTER FOR PHYSICAL REHABILITATION,
JULIE A ELLIS
714 N COLLEGE RD
TWIN FALLS, ID 83301

JULIE A ELLIS
714 N COLLEGE RD STE B
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Julie A. Ellis	3228 Highlawn	Twin Falls	ID	83301
Member	Charles T. Wagner	3228 Meadowridge	Twin Falls	ID	83301
Member	Dennis Gillette	832 Alturas Dr.	Twin Falls	ID	83301

5. Organized Under the Laws of:
IDAHO
W 746

6.

Signature

Julie Ellis

Date

10-12-07

Name

(Typed or Printed)

Julie A. Ellis

Title

Member