

No. W 12361		Due no later than Jul 31, 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		1. Mailing Address: Correct in this box if needed. ADVANCED PERFORMANCE PHYSICAL THERAPY, PLLC LANCE MARSHALL 333 N 18TH AVE STE D2 POCATELLO ID 83201		R LANCE MARSHALL 874 E MADLEE INKOM ID 83245			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name R LANCE MARSHALL	Street or PO Address 874 E MADLEE		City INKOM	State ID	Country USA	Postal Code 83245
5. Organized Under the Laws of: ID W 12361		6. Annual Report must be signed.* Signature: R. Lance Marshall Name (type or print): R. Lance Marshall Date: 05/18/2010 Title: Manager					
Processed 05/18/2010 * Electronically provided signatures are accepted as original signatures.							