

<b>No. W 35787</b>		<b>Due no later than Jan 31, 2011 Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> H MICHAEL RUSSELL 204 PROSPECT AVE HARRISON ID 83833	
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0880  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> AFFORDABLE PHYSICAL THERAPY, P.L.L.C.  PO BOX 198 HARRISON ID 83833		<b>3. New Registered Agent Signature.</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b>					
<b>Manager/Member Name</b>		<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country Postal Code</b>
Manager H. Michael Russell		POB 198	HARRISON	ID	USA 83833
<b>5. Organized Under the Laws of:</b>  IDAHO W 35787		<b>6.</b> <b>Signature:</b> <u>H. Michael Russell</u> <b>Date:</b> <u>12-28-10</u> <b>Name (type or print):</b> <u>H. Michael Russell</u> <b>Title:</b> <u>Manager</u>			
Issued 12/27/2010 by DK1		123171			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**