

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

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM