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|--|--------------------|--|------------|---|---------|------------------|--|
| No. W 11646 | | Due no later than Apr 30, 2006 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | BRADLEY C WILLIAMS 812 SHOSHONE AVE E TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. TWIN FALLS PHYSICAL THERAPY AND WELLNESS CLINIC, L.L.C. BRADLEY C WILLIAMS 812 SHOSHONE AVE E TWIN FALLS ID 83301 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | BRADLEY C WILLIAMS | 790 HOLLYANN COURT | TWIN FALLS | ID | | 83301 | |
| MANAGER | MERLEN A MIX | 593 MONTE VISTA | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| IDAHO W 11646 | | Signature: Bradley C. Williams | | | | Date: 05/04/2006 | |
| | | Name (type or print): Bradley C. Williams | | | | Title: Manager | |
| Processed 05/04/2006 | | * Electronically provided signatures are accepted as original signatures. | | | | | |