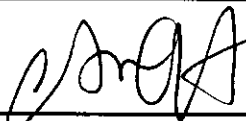


FILED EFFECTIVE

No. W 10955 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014 1. Mailing Address: Correct in this box if needed. BURLEY PHYSICAL THERAPY AND REHABILITATION LLC CRAE BERRETT PO BOX 4925 2891 Shelly Place POCATELLO ID 83205-4925 83201	2. Registered Agent and Office (NOT A P.O. BOX) CRAE T BERRETT 2891 SHELLEY POCATELLO ID 83201 3. <u>New</u> Registered Agent Signature.																																							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 20%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Crae Berrett</td> <td>291 Shelly</td> <td>Boatello</td> <td>ID</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Crae Berrett	291 Shelly	Boatello	ID	USA	83201	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>												
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 10955</div>	6. Signature:  <hr/> Name (type or print): Crae Berrett <hr/> <div style="float: right; text-align: right;"> Date: 2/25/15 <hr/> Title: Manager <hr/> </div>																																								
Issued 02/26/2015 by online																																									