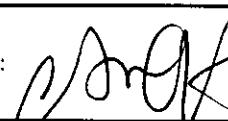


FILED EFFECTIVE

No. W 10955	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) CRAE T BERRETT 2891 SHELLY POCATELLO ID 83201		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BURLEY PHYSICAL THERAPY AND REHABILITATION LLC CRAE BERRETT PO BOX 4925 <i>2891 Shelly Place</i> POCATELLO ID 83205-4925 <i>83201</i>		3. New Registered Agent Signature.		
REINSTATEMENT FEE DUEDUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State Country Postal Code	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Crae Berrett</i>	<i>2891 Shelly</i>	<i>Bratello</i>	<i>ID USA</i>	<i>83201</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:	6.				
IDAHO W 10955	 Signature: Name (type or print): <i>Crae Berrett</i>				Date: <i>2/25/15</i> Title: <i>Manager</i>
Issued 02/26/2015 by online					