

No. W 10955		Due no later than Jan 31, 2013		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		1. Mailing Address: Correct in this box if needed. BURLEY PHYSICAL THERAPY AND REHABILITATION LLC CRAE BERRETT PO BOX 4925 POCATELLO ID 83205-4925		CRAE T BERRETT 2891 SHELLY POCATELLO ID 83201			
				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	CRAE T BERRETT	2891 SHELLY PLACE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 10955		6. Annual Report must be signed.* Signature: Crae Berrett Name (type or print): Crae Berrett Date: 11/13/2012 Title: Manager					
Processed 11/13/2012		* Electronically provided signatures are accepted as original signatures.					