No. W 12791		Due no later than Aug 31, 2011		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN PHYSICAL THERAPY, PLLC SHEILA A TIBBITTS 1441 PARKWAY BLACKFOOT ID 83221 USA		1441 PARKW/ BLACKFOOT	SHEILA TIBBITS 1441 PARKWAY BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	GARY W S	OUCIE	1441 PARKWAY	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sheila Tibbitts		Da	Date: 06/15/2011			
W 12791		Name (type or print): Sheila Tibbitts		Tit	Title: Administration			
Processed 06/15/2011 * Electronically provided signatures are accepted as original signatures.								