No. <b>W 12791</b>		Due no later than Aug 31, 2012		[:	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  1. Mailing Address: Correct in this box if needed.  ROCKY MOUNTAIN PHYSICAL THERAPY, PLLC SHEILA A TIBBITTS 1441 PARKWAY BLACKFOOT ID 83221 USA		SHEILA TIBBITS 1441 PARKWAY BLACKFOOT ID 83221				
					3. <u>New</u> Registered Agent Signature:*			
		mes and Addres	sses of at least one Member or Manager.		C:L.	Chaha	C	Dantal Cada
	Name JARED MCKEE GARY W SOUCIE		Street or PO Address 1441 PARKWAY 1441 PARKWAY		City BLACKFOOT BLACKFOOT	State ID ID	Country USA USA	Postal Code 83221 83221
5. Organized Under the Laws of:  ID  W 12791		6. Annual Report must be signed.* Signature: Sheila Tibbitts Name (type or print): Sheila Tibbitts			Date: 09/17/2012 Title: Registered Agent			
Processed 09/17/2012	* Electronically provided signatures are accepted as original signatures.							