

No. W 29867	Due no later than April 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable ALPINE PHYSICAL THERAPY, P.L.L.C. 3295 SOUTH 4000 WEST REXBURG, ID 83440
NO FILING FEE IF RECEIVED BY DUE DATE		
		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing Member	Cristine A. Walters	3295 S. 4000 W.	Rexburg	ID	83440

5. Organized Under the Laws of: IDAHO W 29867	6. Signature  Date <u>4/19/07</u> Name (Typed or Printed) <u>Cristine A. Walters</u> Title <u>Owner</u>
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