No. W 29867	Due no later than April 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to:	1. Mailing Address - Correct in this box.⊮f applicable ⊞	CRISTINE A WALTERS
SECRETARY OF STATE		3295 SOUTH 4000 WEST
700 WEST JEFFERSON PO BOX 83720	ALPINE PHYSICAL THERAPY, P.L.L.C. 3295 SOUTH 4000 WEST	REXBURG, ID 83440
BOISE, ID 83720-0080	REXBURG, ID 83440	سيده در مصور و چ در مسافت سار در مهمها مستور شده او مهما منور ما به مسافت مهما استور مستور به مسافت مستور و من در از در در از در از در مسافت ساز در مهمها استور از در ا
		2 Nov. Booksond Appea Steeding
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		. *
	nies: Enter Names and Addresses of Members.	:
Office held Name	Street or P.O. Address Cit	y <u>State</u> <u>Zip</u>
Managing Cristine	A. Walters 32955.4000 W.	Restore ID 83440
	•	
5. Organized Under the Laws of:	[6.	
5. Organized Under the Laws of:	6. Signatura	Data 4/19/07-
IDAHO	6. Signature	Date 4 9 07
•	6. Signature  (Typed or Caracture A W	Date 4/19/07