

No. W 39713		Due no later than May 31, 2009		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. HIGHLAND PHYSICAL THERAPY LLC MICHAEL E OTTO 1951 E BENCH STE E POCATELLO ID 83201		JONI VAUGHN-POWELL 1951 BEACH ST E 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	
MEMBER	MICHAEL E OTTO	1951 E BENCH STE E	POCATELLO	ID	USA	83201	
MEMBER	KIMBERLY SCHWARZE	1135 YELLOWSTONE STE D	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 39713		6. Annual Report must be signed.* Signature: Michael E Otto Name (type or print): Michael E Otto					
		Date: 03/13/2009 Title: Member					
Processed 03/13/2009		* Electronically provided signatures are accepted as original signatures.					