	Due no later than Dec 31, 2002	2. Registered Agent and Office 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 applicable CENTER FOR PHYSICAL REHABILITATION, JULIE A ELLIS 496 G SHOUP AVE W	JULIE A ELLIS 496 G SHOUP AVE W TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature
4. Limited Liability Compa	nies: Enter Names and Addresses of Members.	
Partner Julie Char Partner Char Partner Denni	Street or P.O. Addresses of Members. Street or P.O. Address Street or P.O. Address 3228 Highlawn Les T. Wagner 3228 Mendowridge S Gillette 832 Alturns Dr.	TWINFELIS ID 83301
5. Organized Under the Laws of: IDAHO W 746	6. Signature Julie Ellis Name Printed)	Date OCM 18, 2001