

No. W 23896		Due no later than Apr 30, 2010		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. BOISE REHABILITATION PHYSICIANS, LLC LYNN KELLEY 1000 N CURTIS RD # 202 BOISE ID 83706 USA		MICHAEL R MCMARTIN 1000 N CURTIS RD # 202 BOISE ID 83706		
				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	VIC KADYAN	1000 N. CURTIS RD #202	BOISE	ID	USA	83706
MEMBER	KEVIN R KRAFFT	1000 N CURTIS RD #202	BOISE	ID	USA	83706
MEMBER	RODDE D COX	1000 N CURTIS RD #202	BOISE	ID	USA	83706
MEMBER	MICHAEL R MCMARTIN	1000 N CURTIS RD # 202	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 23896		6. Annual Report must be signed.* Signature: Michael McMartin Name (type or print): Michael McMartin Date: 02/10/2010 Title: Member				
Processed 02/10/2010		* Electronically provided signatures are accepted as original signatures.				