

No. W 746	Due no later than Dec 31, 2000 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CENTER FOR PHYSICAL REHABILITATION, JULIE A ELLIS 496 G SHOUP AVE W TWIN FALLS, ID 83301		JULIE A ELLIS 496 G SHOUP AVE W TWIN FALLS, ID 83301																			
			3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 20%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>Julie Ellis</td> <td>496-G Shoup Ave West</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Partner</td> <td>Charles Tom Wagner</td> <td></td> <td>↓</td> <td>↓</td> <td>↓</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Partner	Julie Ellis	496-G Shoup Ave West	Twin Falls	ID	83301	Partner	Charles Tom Wagner		↓	↓	↓
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5. Organized Under the Laws of: IDAHO W 746		6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Julie A. Ellis</u></td> <td style="width: 40%;">Date <u>10-10-00</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Julie A. Ellis</u></td> <td>Title: <u>owner</u> XXXX</td> </tr> </table>			Signature <u>Julie A. Ellis</u>	Date <u>10-10-00</u>	Name (Typed or Printed) <u>Julie A. Ellis</u>	Title: <u>owner</u> XXXX														
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