

No. W 10955	Due no later than Jan 31, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. BURLEY PHYSICAL THERAPY AND REHABILITATION LLC PO BOX 4925 POCATELLO ID 83205-4925		CRAE T BERRETT 2841 SHELLY 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
MANAGER	CRAE T BERRETT	2891 SHELLY PLACE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 10955	6. Annual Report must be signed.* Signature: Crae Berrett Name (type or print): Crae Berrett		Date: 12/08/2010 Title: Manager			
Processed 12/08/2010		* Electronically provided signatures are accepted as original signatures.				