




No. W 115670	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) RACHEL GONZALES 450 E MAIN ST REXBURG ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MADISON REHAB LLC 450 E MAIN ST REXBURG ID 83440		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Board of Trustees of Madison Memorial Hospital 450 E. Main Street, Rexburg, ID 83440					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 115670 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Troy Christensen </td> <td style="width: 40%;"> Date: 04/24/14 Title: CFO </td> </tr> </table>	Signature:  Name (type or print): Troy Christensen	Date: 04/24/14 Title: CFO
Signature:  Name (type or print): Troy Christensen	Date: 04/24/14 Title: CFO		

Issued 04/22/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM