No. C 146607  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Dec 31, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SELECT MEDICAL NETWORK OF IDAHO, INC. STEVEN W DRAKE 190 E. BANNOCK STREET BOISE ID 83712		2. Registered Agent and Address (NO PO BOX)  STEVEN W DRAKE  190 E BANNOCK ST  BOISE ID 83712  3. New Registered Agent Signature:*											
								4. Corporations: Enter	Names and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treasure	er (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	STEVEN W	DRAKE	190 E. BANNOCK STREET	BOISE	ID	USA	83712								
PRESIDENT	GEOFFREY N	SWANSON, MD	520 S. EAGLE ROAD, SUITE 1241	MERIDIAN	ID	USA	83642								
DIRECTOR	PHILLIP C A	GRUSA, MD	520 S. EAGLE ROAD, SUITE 1221	MERIDIAN	ID	USA	83642								
DIRECTOR	WILLIAM S	BOURQUARD, MD	6148 N. DISCOVERY WY, STE 100	BOISE	ID	USA	83713								
DIRECTOR	WILLIAM CR	UMP III, MD	3090 GENTRY WAY, SUITE 200	MERIDIAN	ID	USA	83642								
DIRECTOR	DAVID NIELS	SEN, MD	190 E. BANNOCK STREET	BOISE	ID	USA	83712								
DIRECTOR	ROBERT FRA	ANKLIN, DO	190 E. BANNOCK STREET	BOISE	ID	USA	83712								
DIRECTOR	CHRIS ROTH		190 E. BANNOCK	BOISE	ID	USA	83712								
DIRECTOR	JOHN KEE		190 E. BANNOCK STREET	BOISE	ID	USA	83712								
DIRECTOR	JOHN WERD	EL, MD	100 E. IDAHO STREET, SUITE 400	BOISE	ID	USA	83712								
DIRECTOR	BEN GODFRE	EY, MD	1620 S. CELEBRATION AVENUE	MERIDIAN	ID	USA	83642								
DIRECTOR	NEERAJ SONI, MD		190 E. BANNOCK STREET	BOISE	ID	USA	83712								
5. Organized Under the Laws of: 6. Annual Report m		st be signed.*													
<b>ID</b> Signa		Signature: Steven	gnature: Steven W. Drake Date: 12/31/2010												
C 146607		Name (type or print): Steven W. Drake Title: Secretary													
Processed 12/31/2010		* Electronically provide	led signatures are accepted as original si	gnatures.											