| No. C 126946 | | Due no later than Dec 31, 2010 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|---|-------------------------|---|-------------------|-------------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing A | Annual Report Form ddress: Correct in this box if needed. TH AND REHABILITATION CENTER, INC. 707 | 3101 W MA BOISE ID | GREGORY A BYRON 3101 W MAIN STE 200 BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 202 Adduces 25 | Dusidant County, and Diverton Transc | way (antional) | | | | |
| Office Held | Name | ess Addresses of t | President, Secretary, and Directors. Treasu Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT SECRETARY DIRECTOR | RICK L. HOLLOWAY RICK L. HOLLOWAY RICK L. HOLLOWAY | | 1475 N. COLE ROAD 1475 N. COLE ROAD 1475 N. COLE ROAD | BOISE BOISE BOISE | ID ID ID | USA USA USA | 83704 83704 83704 | |
| 5. Organized Under the Laws of: ID C 126946 | | 6. Annual Report must be signed.* Signature: Gregory A. Byron Name (type or print): Gregory A. Byron | | | Date: 11/30/2010 Title: Registered Agent | | | |
| Processed 11/30/2010 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |