No. <b>C 132715</b>		Due no later than Feb 28, 2011		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOSEPH E WINDER				
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.  REHAB, INC.  JOSEPH E WINDER  427 N MAIN STE 101  POCATELLO ID 83204  USA			1674 E. ELM POCATELLO ID 83201  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT	MICHELLE WINDER JOSEPH E WINDER		1674 E. ELM 1674 E. ELM		POCATELLO POCATELLO	ID ID	USA USA	83201 83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 132715		Signature: Patricia L. Seiler			Date: 02/18/2011			
		Name (type or print): Patricia L. Seiler			Title: Office Manager			
Processed 02/18/2011	Processed 02/18/2011 * Electronically provided signatures are accepted as original signatures.							