No. C 187618		D	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		Due no later than Jun 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. REHAB SYSTEMS BOISE, INC. 427 N CURTIS RD BOISE ID 83706		427 N CURT BOISE ID	PEGGY D PERKINS 427 N CURTIS ROAD BOISE ID 83706 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of	President Secretary and Directors Trea			gnacarer	
Office Held Name		cos / (dui cosco of	Street or PO Address	City	State	Country	Postal Code
			427 N CURTIS ROAD 427 N CURTIS ROAD	BOISE BOISE	ID ID	USA USA	83706 83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: M		Date: 06/29/2015			
C 187618		Name (type o		Title: President			
Processed 06/29/2015 * Electronically provided signatures are accepted as original signatures.							