No. C 195367	Due no later than Jul 31, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			KENT OSEEN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. TETON REHABILITATION SERVICES INC STEPHANIE TIMAR 329 S WOODRUFF AVE		329 S WOODRUFF AVE IDAHO FALLS ID 83401				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
	IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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
PRESIDENT STEPHANIE	TIMAR	3995 E 480 N		RIGBY	ID	USA	83442
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Stephanie Timar			Date: 06/09/2014			
C 195367	Name (type or print): Stephanie Timar			Title: President			
Processed 06/09/2014	* Electronically provided signatures are accepted as original signatures.						