	Due no later than October 31, 2005	2. Registered Agent and Office NO PO BOX
Return to:	Afinual Report Form	
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	5910 E 21ST S
700 WEST JEFFERSON PO BOX 83720	COMPREHENSIVE REHAB SERVICE, INC.	IDAHO FALLS, ID 83406
BOISE, ID 83720-0080	6885 E RIMROCK DR IDAHO FALLS, ID 83406	33.03
DOISE, ID 83720-0080	15A1101 ALLS, 10 63406	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		S sales again dignature
4. Corporations: Enter Name		
oorporations, circle Nam	nes and Business Addresses of President, Secreta	ary and Directors.
Office held Name	Criffin CB85 E Rimmer fr. Criffin Same	ia.
President - Brent	Confetts 1185 - 0 ha	State Zip
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5. Organized Under the Laws of:	6.	
o. Organized Under the Laws of:IDAHO	6. Signature 4 15 1000	Date 10/24/25
5. Organized Under the Laws of:	6. Signature 4 15 1000	Date 10/24/25
5. Organized Under the Laws of: IDAHO C 145785	6.	Date 10/24/05
. Organized Under the Laws of: IDAHO	6. Signature 4 15 1000	Data 10/24/25