No. **C 78371**	**Due no later than Apr 30, 2016** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** WORKER REHABILITATION ASSOCIATES, INC. DR. DAVID D. ROBINSON 4265 CORRIENTE PLACE BOULDER CO 80301	MARK ZASTRAN 3050 WHITEPOST WAY EAGLE ID 83616 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
PRESIDENT	DAVID D ROBINSON	4265 CORRIENTE PLACE	BOULDER	CO	USA	80301-1658
SECRETARY	SHEILA B ROBINSON	4265 CORRIENTE PLACE	BOULDER	CO	USA	80301-1658

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: David D. Robinson	Date: 03/02/2016
C 78371	Name (type or print): David D. Robinson	Title: President

Processed 03/02/2016

* Electronically provided signatures are accepted as original signatures.