| No. C 169633 | | Due no later than Oct 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|------------|--|---|---|------------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. RAPID CREEK REHAB, PC BRANDI L SCOTT PO BOX 6025 POCATELLO ID 83205-6025 USA | | BRANDI SCOTT 5820 TURF DR POCATELLO ID 83204 3. New Registered Agent Signature:* | | | | |
| RECEIVED BY DUE DATE | | | D. II. I. C. II. I. I. T. | | | | | |
| 4. Corporations: Enter Names | and Busine | ess Addresses of | President, Secretary, and Directors. Tr | reasurer (| optional). | | | |
| Office Held Na | me | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT BRANDI L SCOTT | | 5820 TURF DR. | | POCATELLO | ID | USA | 83204 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Brandi L Scott | | | Date: 08/19/2012 | | | |
| C 169633 | | Name (type or print): Brandi L Scott | | | Title: President | | | |
| Processed 08/19/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |