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|--|----------------|--|-------|---|---------|-------------|
| No. C 114812 | | Due no later than May 31, 2013 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. REHABILITATION MANAGEMENT ASSOCIATES, INC. SARAH LONG 901 N CURTIS RD STE 204 BOISE ID 83706 USA | | BONN JO HOOK 901 N CURTIS RD STE 204 BOISE ID 83706 | | |
| | | | | 3. <u>New</u> 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 |
| TREASURER | DEANNA RUPPERT | 901 N CURTIS RD STE 204 | BOISE | ID | USA | 83706 |
| SECRETARY | CONNIE SIMPSON | 901 N CURTIS RD STE 204 | BOISE | ID | USA | 83706 |
| PRESIDENT | CRAIG JUSSEL | 901 N CURTIS RD STE 204 | BOISE | ID | USA | 83706 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID C 114812 | | Signature: Sarah Long | | Date: 03/18/2013 | | |
| | | Name (type or print): Sarah Long | | Title: Finance Manager | | |
| Processed 03/18/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |