No. C 138892		Due no later than May 31, 2011		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FALLS PHYSICAL MEDICINE AND REHABILITATION, P.C. DAVID C SIMON 2860 CHANNING WAY STE 213 IDAHO FALLS ID 83404 USA			LAURIE BAIRD GAFFNEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				IDAHO FALLS	2105 CORONADO ST IDAHO FALLS ID 83404 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 C SII		MON	2860 CHANNING WAY STE 213	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: David		Date: 05/31/2011				
C 138892		Name (type or pr		Title: President				
Processed 05/31/2011 * Electronically provided signatures are accepted as original signatures.								