

No. W 50836	Due no later than May 31, 2011 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. ADVANCED REHAB LLC LORI-ANN BLUEMER PO BOX 3208 HAYDEN ID 83835		LOR-ANN BLUEMER 640 N THORNTON ST POST FALLS ID 83854			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	LORI-ANN BLUEMER	640 N THORNTON ST	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 50836		6. Annual Report must be signed.* Signature: Lori-Ann Bluemer Name (type or print): Lori-Ann Bluemer		Date: 04/20/2011 Title: Member		
Processed 04/20/2011		* Electronically provided signatures are accepted as original signatures.				