

No. W 27941

Due no later than January 31, 2006
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO OUTPATIENT REHABILITATION, LL
2190 IRONWOOD ~~STE B~~ *Place*
COEUR D'ALENE, ID 83814MICHAEL CHRYSLER
~~2207 IRONWOOD DR~~
COEUR D'ALENE, ID 83814
*2190 Ironwood Place, Ste. B***NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

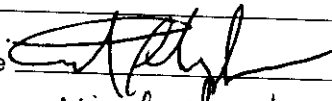
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
General Mng'r.	Michael Chrysler	2190 2190 Ironwood Place, Ste. B	Coeur d'Alene, ID		83814

5. Organized Under the Laws of:

IDAHO
W 27941

6.

Signature



Date

11/10/05

Name

(Typed or
Printed)

Michael Chrysler

Title

Owner/Manager

Issued 11/01/2005

Do Not Tape or Staple

200601002236