

No. C 47160		Due no later than Mar 31, 2017 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		1. Mailing Address: Correct in this box if needed. MAGIC VALLEY REHABILITATION SERVICES, INC. JOHN R BODDEN PO BOX 189 TWIN FALLS ID 83303-0189		JOHN BODDEN 484 EASTLAND DR. SOUTH TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
VICE PRESIDENT	ROB ATKINS	639 CHEROKEE LANE	TWIN FALLS	ID	USA	83301	
SECRETARY	LISA HOLLIBAUGH	3579A. E. 4000 N.	KIMBERLY	ID	USA	83341	
PRESIDENT	LAURA STEWART	1950 CANYON TRAIL WAY	TWIN FALLS	ID	USA	83301	
DIRECTOR	ANJELINA HOWARD	5380 N 300 E	HAGERMAN	ID	USA	83322	
TREASURER	JIM HOWARD	5380 N 300 E	HAGERMAN	ID	USA	83322	
5. Organized Under the Laws of: ID C 47160		6. Annual Report must be signed.* Signature: John Bodden Name (type or print): John Bodden					
		Date: 01/25/2017 Title: Executive Director					
Processed 01/25/2017		* Electronically provided signatures are accepted as original signatures.					