

No. W 76960		Due no later than Aug 31, 2009 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. CAMDEN REHAB, LLC JASON D WEST 2950 TREVOR ST POCATELLO ID 83201		JASON D WEST 2950 TREVOR ST POCATELLO ID 83201			
				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	JASON WEST	2950 TREVOR STREET	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 76960		6. Annual Report must be signed.* Signature: Jason D. West Name (type or print): Jason D. West Date: 08/22/2009 Title: Ceo					
Processed 08/22/2009		* Electronically provided signatures are accepted as original signatures.					