

No. C 132715		Due no later than Feb 28, 2010 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. REHAB, INC. JOSEPH E. WINDER 348 S 1ST AVE POCATELLO ID 83201		JOSEPH E. WINDER 1674 E. ELM POCATELLO ID 83201			
						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	
SECRETARY	MICHELLE WINDER	1674 E. ELM	POCATELLO	ID	USA	83201	
PRESIDENT	JOSEPH E. WINDER	1674 E. ELM	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 132715		6. Annual Report must be signed.* Signature: Pat Seiler Name (type or print): Pat Seiler					
		Date: 01/15/2010 Title: Office Manager					
Processed 01/15/2010		* Electronically provided signatures are accepted as original signatures.					