

|  |   |   |                                  |       |         |             |
|--|---|---|----------------------------------|-------|---------|-------------|
| No. <b>W 153469</b>  | <b>Due no later than Jul 31, 2018</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |                                  |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DEVICE REHAB, LLC<br>KALAN HOWARD<br>1680 E VELORA ST<br>POST FALLS ID 83854 | KALAN HOWARD<br>1680 E VELORA ST<br>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   | KALAN HOWARD  | 1680 E VELORA ST  | POST FALLS                       | ID    | USA     | 83854       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 153469</b>  | 6. Annual Report must be signed.*<br>Signature: Kalan Howard<br>Name (type or print): Kalan Howard  |   | Date: 08/12/2018<br>Title: Owner |       |         |             |
| Processed 08/12/2018   |   | * Electronically provided signatures are accepted as original signatures. |                                  |       |         |             |