No. <b>C 146607</b>		Due no later than Dec 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SELECT MEDICAL NETWORK OF IDAHO, INC. STEVEN W DRAKE 190 E. BANNOCK STREET BOISE ID 83712		STEVEN W DRAKE 190 E BANNOCK ST BOISE ID 83712  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
2000	mes and Busin	ess Addresses of Presic	lent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	STEVEN W	DRAKE	190 E. BANNOCK STREET	BOISE	ID	USA	83712
PRESIDENT	GEOFFREY N	N SWANSON, MD	520 S. EAGLE ROAD, SUITE 1241	MERIDIAN	ID	USA	83642
DIRECTOR	PHILLIP C A	GRUSA, MD	520 S. EAGLE ROAD, SUITE 1221	MERIDIAN	ID	USA	83642
DIRECTOR	WILLIAM S	BOURQUARD, MD	6148 N. DISCOVERY WY, STE 100	BOISE	ID	USA	83713
DIRECTOR		MAYBACH, MD	333 N. 1ST STREET, SUITE 240	BOISE	ID	USA	83702
DIRECTOR	JOHN KEE		190 E. BANNOCK STREET	BOISE	ID	USA	83712
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 146607		Signature: Janice Fulkerson		Date: 12/05/2012			
		Name (type or print	Title: Executive Director				
Processed 12/05/2012 * Electronically provided signatures are accepted as original signatures.							