

No. <b>C 46128</b>		Due no later than Sep 30, 2013		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO ELKS REHABILITATION HOSPITAL, INC. JOSEPH P. CAROSELLI P.O. BOX 1100 BOISE ID 83701 USA		JOSEPH P. CAROSELLI 600 N ROBBINS RD BOISE ID 83701		
				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
PRESIDENT	CHARLES SCHMOEGER	420 W. FRANKLIN	BOISE	ID	USA	83702
DIRECTOR	WILLIAM DELACK	5014 W. HIGHLAND DR.	COEUR D'ALENE	ID	USA	83814
DIRECTOR	KEVIN POOR	750 BEULAHS LANE	IDAHO FALLS	ID	USA	83401
DIRECTOR	PHILLIP OBERRECHT	P.O. BOX 1271	BOISE	ID	USA	83701
DIRECTOR	J. CURTIS NEELY	3503 - 5TH ST.	LEWISTON	ID	USA	83501
VICE PRESIDENT	KEITH MILLS	614 CANTLE AVE.	FILER	ID	USA	83328
DIRECTOR	JIM KILE	18174 MADISON RD.	NAMPA	ID	USA	83687
SECRETARY	JOHN HERMAN	2058 NE HERMAN DR.	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	JOHN V. EVANS, JR.	218 CHURCHILL DR.	BURLEY	ID	USA	83318
DIRECTOR	BOB SHAW	3345 BRISTOL AVE.	COEUR D'ALENE	ID	USA	83815
DIRECTOR	TOM CALL	1287 RACHEL DRIVE	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  <b>ID C 46128</b>		6. Annual Report must be signed.* Signature: Charles Schmoeger Name (type or print): Charles Schmoeger		Date: 09/25/2013 Title: Chairman, Board Of Directors		
Processed 09/25/2013		* Electronically provided signatures are accepted as original signatures.				