No. **W 91127**	**Due no later than Mar 31, 2014** **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.** RENAISSANCE REHAB LLC JAMES A KING PO BOX 365 IONA ID 83427 USA	JAMES KING 4846 WIND RIVER DR IDAHO FALLS ID 83401 3. New 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	SHERRIE M KING	4846 WINDRIVER DR	IDAHO FALLS	ID	USA	83401
MEMBER	JAMES A KING	4846 WINDRIVER DR	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 91127**	Signature: Sherrie King	Date: 01/28/2014
	Name (type or print): Sherrie King	Title: Member

Processed 01/28/2014

* Electronically provided signatures are accepted as original signatures.