No. **W 76960**	**Due no later than Aug 31, 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.** CAMDEN REHAB, LLC JASON D WEST 2950 TREVOR ST POCATELLO ID 83201	JASON D WEST 2950 TREVOR ST POCATELLO ID 83201 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	JASON WEST	2950 TREVOR STREET	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76960**	Signature: Jason	Date: 09/13/2010
	Name (type or print): Jason	Title: West

Processed 09/13/2010

* Electronically provided signatures are accepted as original signatures.