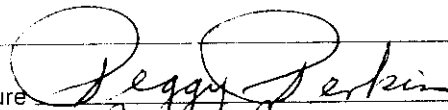


No. C 104210	Due no later than December 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable REHAB SYSTEMS, INC. DALE PERKINS 542 ADDISON AVE W TWIN FALLS, ID 83301		DALE PERKINS 542 ADDISON AVE W TWIN FALLS, ID 83301 3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Dale Perkins</td> <td>1061 Lakewood Dr.</td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Peggy Perkins</td> <td>1061 Lakewood Dr.</td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Dale Perkins	1061 Lakewood Dr.	Twin Falls	Id.	83301	Secretary	Peggy Perkins	1061 Lakewood Dr.	Twin Falls	Id.	83301
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5. Organized Under the Laws of: IDAHO C 104210	6.  Signature _____ Date <u>10/12/04</u> Name <small>(Typed or Printed)</small> <u>Peggy Perkins</u> Title <u>Secretary</u>																				