

No. W 50836		Due no later than May 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADVANCED REHAB LLC LORI-ANN BLUEMER PO BOX 3208 HAYDEN ID 83835		LOR-ANN BLUEMER 402 W CANFIELD AVE STE 5 COEUR D'ALENE ID 83815			
				3. <u>New</u> 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	LORI-ANN BLUEMER	P O BOX 3208	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 50836		Signature: Lori-Ann Bluemer				Date: 04/13/2010	
		Name (type or print): Lori-Ann Bluemer				Title: Member	
Processed 04/13/2010		* Electronically provided signatures are accepted as original signatures.					