| No. C 189675 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Due no later than Jan 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO REHABILITATION, INC. AARON TRENKLE 5522 CLEARFIELD LN AMMON ID 83406 | | 2. Registered / | 2. Registered Agent and Address (NO PO BOX) AARON TRENKLE 5522 CLEARFIELD LN AMMON ID 83406 3. New Registered Agent Signature:* | | | |
|---|---|--|--|-------------------------|--|-------------------|-------------------------|--|
| | | | | 5522 CLEAR AMMON ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ess Addresses of | President, Secretary, and Directors. Treasu | urer (ontional) | | | | |
| Office Held | Name | css Addi csscs of | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR SECRETARY PRESIDENT | AARON R TRENKLE TRACY H TRENKLE AARON R TRENKLE | | 5522 CLEARFIELD LANE 5522 CLEARFIELD LANE 5522 CLEARFIELD LANE | AMMON AMMON AMMON | ID ID ID | USA USA USA | 83406 83406 83406 | |
| 5. Organized Under the Laws of: ID C 189675 | | 6. Annual Report must be signed.* Signature: Aaron R Trenkle Name (type or print): Aaron R Trenkle | | | Date: 12/01/2013 Title: President | | | |
| Processed 12/01/2013 | | * Electronically p | ovided signatures are accepted as original | signatures. | | | | |