

No. W 50836		Due no later than May 31, 2007		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 BLUEME PO BOX 3208 HAYDEN ID 83835		LORI-ANN BLUEMER 9736 PTARMIGAN DR HAYDEN ID 83835	
				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	9736 PTARMIGAN DR	HAYDEN	ID	83835
5. Organized Under the Laws of: IDAHO W 50836		6. Annual Report must be signed.* Signature: Lori-Ann Bluemer Name (type or print): Lori-Ann Bluemer Date: 03/09/2007 Title: Member			
Processed 03/09/2007		* Electronically provided signatures are accepted as original signatures.			