

No. <b>W 50836</b>		<b>Due no later than May 31, 2007</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ADVANCED REHAB LLC LORI-ANN BLUEME PO BOX 3208 HAYDEN ID 83835		LORI-ANN BLUEMER 9736 PTARMIGAN DR HAYDEN ID 83835		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name LORI-ANN BLUEMER	Street or PO Address 9736 PTARMIGAN DR	City HAYDEN	State ID	Country	Postal Code 83835
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 50836</b>		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.						