

|  |                  |   |       |  |         |             |  |
|--|------------------|---|-------|--|---------|-------------|--|
| No. <b>C 126946</b>  |                  | <b>Due no later than Dec 31, 2012</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>OWYHEE HEALTH AND REHABILITATION CENTER, INC.<br>PO BOX 7156<br>BOISE ID 83707               |       | GREGORY A BYRON<br>3101 W MAIN STE 200<br>BOISE ID 83702 |         |             |  |
|  |                  |   |       | 3. <u>New</u> Registered Agent Signature:*               |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |   |       |  |         |             |  |
| Office Held  | Name             | Street or PO Address  | City  | State  | Country | Postal Code |  |
| PRESIDENT  | RICK L. HOLLOWAY | 1475 N. COLE ROAD   | BOISE | ID   | USA     | 83704       |  |
| SECRETARY  | RICK L. HOLLOWAY | 1475 N. COLE ROAD   | BOISE | ID   | USA     | 83704       |  |
| DIRECTOR   | RICK L. HOLLOWAY | 1475 N. COLE ROAD   | BOISE | ID   | USA     | 83704       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 126946</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Gregory A. Byron<br>Name (type or print): Gregory A. Byron<br>Date: 12/03/2012<br>Title: Registered Agent |       |  |         |             |  |
| Processed 12/03/2012   |                  | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |