

No. <b>C117746</b>	<b>Annual Report Form</b> 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		<b>CAPLETTA J ALLEN</b> <b>701 LEWISTON ST</b>  <b>COTTONWOOD ID 83522</b>		
	<b>PRAIRIE REHABILITATION SERVI</b> <b>CARLETTA J ALLEN</b> <b>PO BOX 137</b> <b>ST MARYS HOSPITAL</b> <b>COTTONWOOD ID 83522</b>		3. Organized Under the Laws of:  <b>ID C117746</b>		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Carletta J. Allen	St. Mary's Hospital P.O. Box 137	Cottonwood	ID	83522
Secretary	Dean E. Allen	St. Mary's Hospital P.O. Box 137	Cottonwood	ID	83522
5. Signature of New Registered Agent		6. Signature <u>Carletta J. Allen</u> Date <u>7-20-99</u>			
		Name <small>(Typed or Printed)</small> <u>Carletta J. Allen</u> Title <u>President</u>			

ISSUED: 07-03-1999

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