

No. <b>C117746</b>	<b>Annual Report Form</b> <b>1999</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>CARLETTA J ALLEN</b> <b>701 LEWISTON ST</b>  <b>COTTONWOOD    ID    83522</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>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>		
<b>* FIRST NOTICE *</b>					
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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><i>Carletta J Allen</i></u> Date <u>7-20-99</u> Name (Typed or Printed) <u>Carletta J. Allen</u> Title <u>President</u>			

ISSUED: 07-03-1999

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