

No. C 96074		Due no later than Aug 31, 2009		Annual Report Form				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		1. Mailing Address: Correct in this box if needed. SUN VALLEY SPORTS REHABILITATION CLINIC, INC. COLLEEN COYNE PO BOX 2062 KETCHUM ID 83340		COLLEEN COYNE 245 RAVENS RD KETCHUM ID 83340					
				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			
TREASURER	ROSEMARY COUPE	BOX 297	HAILEY	ID	USA	83333			
SECRETARY	JILL PARDINI	BOX 3653	KETCHUM	ID	USA	83340			
PRESIDENT	COLLEEN ANN COYNE	BOX 2062	KETCHUM	ID	USA	83340			
5. Organized Under the Laws of: ID C 96074		6. Annual Report must be signed.* Signature: Colleen A. Coyne Name (type or print): Colleen A. Coyne Date: 08/17/2009 Title: Owner/president							
Processed 08/17/2009		* Electronically provided signatures are accepted as original signatures.							