

No. <b>W 120750</b>		<b>Due no later than Jan 31, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		RACHEL GONZALES 450 E MAIN ST REXBURG ID 83440			
		<b>1. Mailing Address: Correct in this box if needed.</b> MADISON-CARRIAGE COVE SHORT STAY REHABILITATION LLC DAVID J THUESON 360 W 3500 N REXBURG ID 83440		3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID J THUESON	360 W 3500 N	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:  <b>ID W 120750</b>		6. Annual Report must be signed.* Signature: W Brian Haderlie Name (type or print): W Brian Haderlie Date: 12/18/2014 Title: CPA					
Processed 12/18/2014		* Electronically provided signatures are accepted as original signatures.					