

No. C 157361	Due no later than November 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX NANCY J MONSON 2900 ROLLANDET AVE IDAHO FALLS, ID 83402 3. New Registered Agent Signature _____
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BEEHIVE REHABILITATION AND COUNSEL 545 SHOUP AVE STE 105B IDAHO FALLS, ID 83402 <i>Amended or dated overrid</i> <i>8/20/07 WA CH 18 217</i> <i>10/28/07</i>		

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President + Director	ERIC OLSON	545 Shoup Suite 105B Idaho Falls, ID. 83402	Idaho Falls	ID	83402
Secretary Gary Shenton - same address as above					

5. Organized Under the Laws of: IDAHO C 157361	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature _____ Name (Typed or Printed) <u>ERIC OLSON</u> </td> <td style="width: 40%;"> Date <u>9-10-07</u> Title <u>12:55pm</u> </td> </tr> </table>	6. Signature _____ Name (Typed or Printed) <u>ERIC OLSON</u>	Date <u>9-10-07</u> Title <u>12:55pm</u>
6. Signature _____ Name (Typed or Printed) <u>ERIC OLSON</u>	Date <u>9-10-07</u> Title <u>12:55pm</u>		

Issued 09/04/2007

Do Not Tape or Staple

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