

No. <b>C 156625</b>		<b>Due no later than Sep 30, 2009</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  FAMILY & CHILDREN'S REHABILITATIVE SERVICES INC. ELENA PARKER 622 COLLEGE AVE #2 ST MARIES ID 83861 USA		BRYAN GIMMESON 25 BUTTE DR COTTONWOOD ID 83522			
						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	
SECRETARY	CHERYL GIMMESON	25 BUTTE DR.	COTTONWOOD	ID	USA	83522	
PRESIDENT	BRYAN GIMMESON	25 BUTTE DR.	COTTONWOOD	ID	USA	83522	
5. Organized Under the Laws of:  <b>ID</b> <b>C 156625</b>		6. Annual Report must be signed.*  Signature: Cheryl Gimmeson Name (type or print): Cheryl Gimmeson					
Processed 11/20/2009		Date: 11/20/2009 Title: Secretary  * Electronically provided signatures are accepted as original signatures.					