No. <b>W 35093</b>		Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		EDDIE V LOPEZ			
SECRETARY OF STATE	1. Mail	ng Address: Correct in this box if needed.		125 EAST 475 LANE SOUTH RUPERT ID 83350			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EDDIE V	RELIANT REHAB & CONSULTING, LLC EDDIE V LOPEZ 125 E 475 LANE S RUPERT ID 83350 USA		KOLEKI ID 05550			
	RUPERT			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Ado	lresses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER EDDIE	V LOPEZ	125 E 475 LANE S	RUPERT	ID	USA	83350	
MANAGER MARGI	E LOPEZ	125 E 475 LANE S	RUPERT	ID	USA	83350	
5. Organized Under the Laws of:	6. Annual F	6. Annual Report must be signed.*					
l ID	Signatur	Signature: Eddie V Lopez Date: 01/07/2012					
W 35093	Name (t	Name (type or print): Eddie V Lopez			Title: Manager		
Processed 01/07/2012	* Electronic	* Electronically provided signatures are accepted as original signatures.					