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|--|-------------------|--|--------|--|---------|-------------|--|
| No. C 174218 | | Due no later than Jul 31, 2009 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BLASCH EDUCATION AND REHABILITATION CONSULTANTS, INC. BRUCE B BLASCH 4561 W FARM VIEW DR BOISE ID 83714 USA | | DR BRUCE B BLASCH 4561 W FARM VIEW DR BOISE ID 83714 | | | |
| | | | | 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 | DR KYLE W BLASCH | 608 N. DAVIS ST. APT. #B | HELENA | MT | USA | 59601 | |
| PRESIDENT | DR BARBARA BLASCH | 4561 W FARM VIEW DR | BOISE | ID | USA | 83714 | |
| 5. Organized Under the Laws of: GA C 174218 | | 6. Annual Report must be signed.* Signature: Bruce B. Blasch Name (type or print): Bruce B. Blasch | | | | | |
| | | Date: 05/30/2009 Title: Ceo | | | | | |
| Processed 05/30/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |