

No. C 174218		Due no later than Jul 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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					
Processed 05/30/2009		* Electronically provided signatures are accepted as original signatures. Date: 05/30/2009 Title: Ceo					