

No. W 16116	Due no later than August 31, 2003 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address (Correct in this box, if applicable) REHAB AMERICA, L.L.C. BRAD BILLINGTON 850 W IRONWOOD BLVD STE 203 COEUR D ALENE, ID 83814		BRAD BILLINGTON 850 W IRONWOOD BLVD STE 203 COEUR D ALENE, ID 83814 3. New Registered Agent Signature																									
4. Limited Liability Companies: Enter Names and Addresses of Managers.																												
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member/Manager</td> <td>Fred Weber</td> <td>850 W Ironwood Dr #103</td> <td>CoDA</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Member</td> <td>Brad Billington</td> <td>1810 Schneidmittle Ave #301</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Member</td> <td>Gary Schneider</td> <td>8845 Cornerstone Dr.</td> <td>Hayden</td> <td>ID</td> <td>83835</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member/Manager	Fred Weber	850 W Ironwood Dr #103	CoDA	ID	83814	Member	Brad Billington	1810 Schneidmittle Ave #301	Post Falls	ID	83854	Member	Gary Schneider	8845 Cornerstone Dr.	Hayden	ID	83835
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5. Organized Under the Laws of: IDAHO W 16116		6. Signature <i>Fred Weber</i> Date 6-23-03 Name (Typed or Printed) <u>Fred Weber</u> Title <u>Member/Manager</u>																										