

No. C 156625

Due no later than September 30, 2005  
Annual Report Form

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080NO FILING FEE IF  
RECEIVED BY DUE DATE

## 1. Mailing Address - Correct in this box, if applicable

FAMILY & CHILDREN'S REHABILITATIVE  
~~55366 S HWY 97~~  
~~ST MARIES, ID 83861~~  
622 College Ave  
St. Maries, ID 83861

## 2. Registered Agent and Office NO PO BOX

BRYAN GIMMESON  
55366 S HWY 97  
ST MARIES, ID 838613. New Registered Agent Signature

## 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

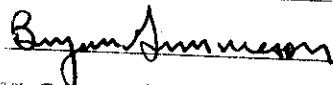
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner/Admin.	Bryan Gimmeson	55366 S Hwy 97	St. Maries	ID	83861
Secretary	Cheryl Gimmeson	" "	"	"	"

## 5. Organized Under the Laws of:

IDAHO  
C 156625

6.

Signature



Date 7-16-05

Name (Typed or Printed)

Bryan Gimmeson

Title Owner

Issued 07/05/2005

Do Not Tape or Staple

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