No. C 118962		Due no later than Apr 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO BLACK BEAR REHAB, INC. SALLY A MAUGHAN 6097 ARNEY LN GARDEN CITY ID 83714 USA		2. Registered Age	2. Registered Agent and Address (NO PO BOX) SALLY MAUGHAN 6097 ARNEY LN GARDEN CITY ID 83714 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				3. <u>New</u> Registered				
4. Corporations: Enter Na	ames and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SALLY A MAUGHAN		6097 ARNEY LN	GARDEN CITY	ID	USA	83714	
DIRECTOR	TOM ROBB		6026 ARNEY LN	GARDEN CITY	ID	USA	83714	
DIRECTOR	CAROL WHITEHEAD		8803 MAX WAY	BREINIGSVILLE	PA	USA	18031	
DIRECTOR	STEVE AUDAIN		THE RIDGLEY 205 E. JOPPA ROAL 309	D - APT	MD	USA	21286	
DIRECTOR	ROY BUTLER		PO BOX 15588	BOISE	ID	USA	83715	
DIRECTOR	DIRECTOR VALERIE LEBOEUF		319 N. 30TH APT J303	BOISE	ID	USA	83702	
DIRECTOR	TERRI HILL		1803 S. EAGLESON RD	BOISE	ID	USA	82705	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID		Signature: Sally A Maughan		Date: 02/	Date: 02/12/2014			
C 118962		Name (type or print): Sally A Maughan		Title: Pro	Title: President & Founder			
Processed 02/12/2014 * Electronically provided signatures are accepted as original signatures.								