

No. C104210	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct REHAB SYSTEMS, INC. DALE PERKINS 542 ADDISON AVE W TWIN FALLS ID 83301		DALE PERKINS 542 ADDISON AVE W TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C104210																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>D. Dale Perkins</td> <td>542 Addison Ave W.</td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Peggy Perkins</td> <td>542 Addison Ave. W.</td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	D. Dale Perkins	542 Addison Ave W.	Twin Falls	Id.	83301	Secretary	Peggy Perkins	542 Addison Ave. W.	Twin Falls	Id.	83301
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Secretary	Peggy Perkins	542 Addison Ave. W.	Twin Falls	Id.	83301																	
5. Signature of New Registered Agent		6. <table border="0"> <tr> <td>Signature</td> <td><i>Dale Perkins</i></td> <td>Date</td> <td>7-13-99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>D. Dale Perkins</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	<i>Dale Perkins</i>	Date	7-13-99	Name (Typed or Printed)	D. Dale Perkins	Title	President										
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ISSUED: 07-03-1999

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