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Colorado Secretary of State

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Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:	20111051888			
Entity name:	CS Rehab 5, LLC			
Jurisdiction under the law of which the entity was formed or registered:	Colorado			
1. Principal office street address:	3578 Hartsel Dr.			
	Suite E #330	eet name and numbe	er)	
	Colorado Springs	CO	80920	
	(City)	(State)	(Postal/Zip Code) States	
	(Province – if applicable)	(Country -		
2. Principal office mailing address:				
(if different from above)	(Street name and number or Post Office Box information)			
	-		· <u> </u>	
	(City)	(State)	(Postal/Zip Code)	
	(Province – if applicable)	(Country -	- if not US)	
3. Registered agent name: (if an individual)	Jones	Andrew	<u>P</u>	
or (if a business organization)	(Last)	(First)	(Middle) (Suffix	
4. The person identified above as registere	_	peing so appoin	ted.	
5. Registered agent street address:	3578 Hartsel Dr. (Street name and number)			
	Suite E #330			
	Colorado Springs	CO_	80920	
	(City)	(State)	(Postal/Zip Code)	
6. Registered agent mailing address:				
(if different from above)	(Street name and number or Post Office Box information)			
	(City)	(State)	(Postal/Zip Code)	
	(Province – if applicable)	(Country – if	not US)	

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

be delivered for filing:	Jones	Andrew			
	(Last)	(First)	(Middle) (St	uffix)	
	3578 Hartsel Dr Ste E	330			
	(Street name and number or Post Office Box information)				
	Colorado Springs	CO 80920	CO 80920		
	(City)	United States	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US)			
(The document need not state the true name are of any additional individuals causing the document and address of such individuals.)	· ·				

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