

1.) CORPORATION NAME: TRUSTED REHAB CARE INC.	DUE DATE: 1/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: EYERUSALEM DIMETRIOS 6030 KESTNER CIR ALEXANDRIA, VA	SCC ID NO: 07599798				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6030 KESTNER CIRCLE

CITY/ST/ZIP: ALEXANDRIA, VA 22315

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MILLION ASFAW ANDO TITLE: DIRECTOR ADDRESS: 6030 KESTNER CIRCLE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EYEUUSAEM MOA DIMETROS TITLE: CEO/OFFICER/DIR ADDRESS: 6030 KESTNER CIRCLE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MILLION ASFAW ANDO	MILLION ASFAW ANDO, DIRECTOR	3/1/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.