

No. C 79102	Annual Report Form <i>Due No Later Than November 30,</i> 1996	2. Registered Agent and Office NOT A P.O. BOX WILLIAM R. HULL 607 UNIVERSITY DRIVE POCATELLO ID 83201
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct REHAB MANAGEMENT, INC. WILLIAM R. HULL, RPT 333 N. 18TH, BUILDING D POCATELLO ID 83201	3. Organized Under the Laws of: ID C 79102
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
President	Wm. Hull	607 University
Pocatello	ID	83201
Sec/Treas	Jean Hull	607 University
Pocatello	ID	83201
5. NATURE OF BUSINESS PHYSICAL THERAPY SERVICES		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>William R Hull</u> Date <u>Aug 25, 1996</u> Name (Typed or Printed) <u>William R. Hull</u> Title <u>President</u>

ISSUED: 07-06-1996

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