No. <b>W 1108</b>	Due no later than May 31, 2003 2. Registered Agent and Office	e <b>NO PO BO</b>
Return to:	Annual Report Form	
SECRETARY OF STATE	1 Mailing Address - Correct in this box if applicable SCOTT R BLOXHAM	
700 WEST JEFFERSON	SOUTHERN IDAHO THERAPY SERVICES, P. 1224 8TH ST STE A	
PO BOX 83720		
BOISE, ID 83720-0080	PO BOX 565 RUPERT, ID 83350	
NO FILING FEE IF	JEROME, ID 83338	nature
RECEIVED BY DUE DATE		
	anies: Enter Names and Addresses of Members.	<del></del>
Office held Name	Street or P.O. Address City State Z	Zip
Vitoclia Jant 1	Blocker P.D. Box 11,12 Surley ID PZ:	देश्य
Vitochia Jant K	flocken foods on the Surface ID P.	देश्य
	Clocker P.D. Con 11, 2 Surley ID 03; SUS CEOAR DR	देश्य
5. Organized Under the Laws of:	6.	318 ~~}
5. Organized Under the Laws of:	6. J. C. C. C.	318 ~~ ~~