No. C 95418

# Annual Report Form

*Due No Later Than November 30,* 1997

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

GATE CITY PHYSICAL THERAPY,
1777 EAST CLARK STE 120
POCATELLO ID 83201

2. Registered Agent and Office NOT A P.O. BOX

ARCHIE W SERVICE
2043 E CENTER ST
POCATELLO ID 83201

3. Organized Under the Laws of:

ID C 95418

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)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President | Douglas P. Cox | Box 19 | Soda Springs | ID. | 83276 |
| Vice president | Michael E. Otto | 773 Boyd St. | Chubbuck | ID. | 83202 |

DIRECTORS - SAME AS ABOVE

5.

6.

Signature _____ Date 7/14/97

Name (Typed or Printed) Michael E. Otto Title Vice-president

ISSUED: 07-04-1997

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DO NOT TAPE OR STAPLE