

| No. 86827 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 | | 2. Registered Agent and Office NOT A P.O. BOX LAWRENCE OHMAN 1626 17TH STREET LEWISTON ID 83501 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------|---------------------|--------------------------------------------------|------------------------|--------------|------------|------------|-------------------|------------------|----------|----|-------|------------|-------------------|------------------|----------|----|-------|------------|-------------------|------------------|----------|----|-------|--|-------------------|------------------|----------|----|-------|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED | 1. Mailing Address: Please Correct If Not Correct INSTITUTE OF PHYSICAL THERAPY LAWRENCE OHMAN 2641 SEAPORT DRIVE LEWISTON ID 83501 | | 3. Incorporated Under The Laws of ID NO: 086827 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: left;"><u>Name</u></th> <th style="width: 30%; text-align: left;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: left;"><u>City</u></th> <th style="width: 5%; text-align: left;"><u>State</u></th> <th style="width: 5%; text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Lawrence C. Ohman</td> <td>2641 Seaport Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Margaret E. Ohman</td> <td>2641 Seaport Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td>Lawrence C. Ohman</td> <td>2641 Seaport Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td></td> <td>Margaret E. Ohman</td> <td>2641 Seaport Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table> | | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | Lawrence C. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 | Secretary: | Margaret E. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 | Directors: | Lawrence C. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 | | Margaret E. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| President: | Lawrence C. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | Margaret E. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | Lawrence C. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Margaret E. Ohman | 2641 Seaport Dr. | Lewiston | ID | 83501 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business Out-Patient Physical Therapy | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <i>Margaret E. Ohman</i> </td> <td style="width: 40%;"> Date 7-10-91 </td> </tr> <tr> <td> Name (Typed or Printed) Margaret E. Ohman </td> <td> Title Secretary </td> </tr> </table> | | | | Signature <i>Margaret E. Ohman</i> | Date 7-10-91 | Name (Typed or Printed) Margaret E. Ohman | Title Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <i>Margaret E. Ohman</i> | Date 7-10-91 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Typed or Printed) Margaret E. Ohman | Title Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |