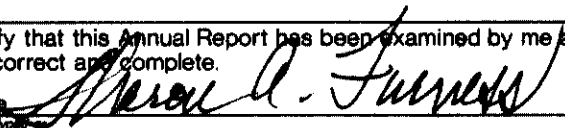
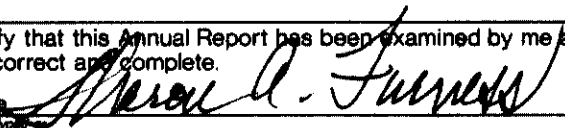
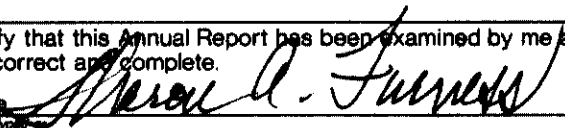


<b>No.</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <b>Due No Later Than November 1, 1992</b> 1. Mailing Address - <i>Please Correct If Not Correct</i> <b>SALMON PHYSICAL THERAPY, INC.,</b> <b>SHARON A. FURNESS</b> <b>103 BITTERROOT LANE</b>  <b>SALMON ID 83467 0000</b>	2. Registered Agent and Office NOT A P.O. BOX <b>JOHN EDMUND FURNESS, JR.</b> <b>103 BITTERROOT LANE</b>  <b>SALMON ID 83467</b>  3. Incorporated Under The Laws of <b>ID</b> <b>NO: 78380</b>																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>John E. Furness</td> <td>103 Bitterroot Lane</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Secretary:</td> <td>Sharon A. Furness</td> <td>same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>none</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John E. Furness	103 Bitterroot Lane	Salmon	ID	83467	Secretary:	Sharon A. Furness	same				Directors:	none				
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Secretary:	Sharon A. Furness	same																								
Directors:	none																									
5. Nature of Business <b>Physical Therapy Business-</b> <b>private practice</b>	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 border="1"> <tr> <td>Signature </td> <td>Date <b>7/14/92</b></td> </tr> <tr> <td>Name (Typed) <b>Sharon Anne Furness</b></td> <td>Title <b>Secretary</b></td> </tr> </table>		Signature 	Date <b>7/14/92</b>	Name (Typed) <b>Sharon Anne Furness</b>	Title <b>Secretary</b>																				
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