
No.	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 1, 1992	JEFFREY C. CRUMRINE
Secretary of State Room 203, Statehouse Boise, ID 83720	1 Mailing Address - Please Correct If Not Correct	484 EASTLAND DRIVE SOUTH TWIN FALLS ID 83301
* FIRST NOTICE * NO FEE REQUIRED	IDAHO ASSOCIATION OF REHABILITATION JEFFREY C. CRUMRINE <i>Connie M. Searles</i> 484 EASTLAND DR S 405 S. 8th St. #365 TWIN FALLS ID 83301 <i>0000</i> Boise <i>83702</i>	3. Incorporated Under The Laws of <i>ID</i> NO: 44939

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	<i>→ Ronald Ruppe - sec.</i>	<i>2705 E. Main</i>	<i>Leniston</i>	<i>ID</i>	<i>83501</i>
Secretary:	<i>↳ Bob Jarboe - pres.</i>	<i>3525 Arthur St.</i>	<i>Caldwell</i>	<i>ID</i>	<i>83605</i>
Directors:	<i>Sick Kaupp</i>	<i>1704 N. Main St.</i>	<i>Pocatello</i>	<i>ID</i>	<i>83204</i>
	<i>Jeff Crumrine</i>	<i>484 Eastland Dr. South</i>	<i>Twin Falls</i>	<i>ID</i>	<i>83301</i>

5. Nature of Business <i>Professional Association</i>	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 <i>R. H. Ruppe</i> Date <i>7-17-92</i> Name (Typed or Printed) <i>Ronald H. Ruppe</i> Title <i>Sec./Treas.</i>
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