

No. 86980	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX ANITA L. LECCESE, P.T. 6110 EMERALD STREET BOISE ID 83704																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct, If Not Correct THERAPY SOURCE, P.A. (THE) ANITA L. LECCESE, P.T. 6110 EMERALD STREET BOISE ID 83704 0000		3. Incorporated Under The Laws of ID NO: 086980																					
** FINAL NOTICE ** NO FEE REQUIRED																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: Anita L. leccese</td> <td>1301 S. Owyhee</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Secretary: Lynn R. Johnson</td> <td>1301 S. Owyhee</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td colspan="5">Directors: Anita L. Leccese and Lynn R. Johnson same</td> </tr> </tbody> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: Anita L. leccese	1301 S. Owyhee	Boise	ID	83705	Secretary: Lynn R. Johnson	1301 S. Owyhee	Boise	ID	83705	Directors: Anita L. Leccese and Lynn R. Johnson same				
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5. Nature of Business 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%;"> <tr> <td style="width: 50%;"> Signature  Name (Printed) ANITA L. LECCESE </td> <td style="width: 50%;"> Date 10-7-91 Title PRES </td> </tr> </table>			Signature  Name (Printed) ANITA L. LECCESE	Date 10-7-91 Title PRES																		
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