

No. 86827	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ★ FIRST NOTICE ★ NO FEE REQUIRED	Due No Later Than November 1, 1994	LAWRENCE OHMAN 678 SOUTHWAY
	1. Mailing Address — Please Correct, If Not Correct INSTITUTE OF PHYSICAL THERAPY A LAWRENCE OHMAN 2641 SEAPORT DRIVE 498 Crestline Circle Drive LEWISTON ID 83501	LEWISTON ID 33501 3. Incorporated Under The Laws of ID NO: 86827

4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Lawrence C. Ohman	498 Crestline Circle Dr.	Lewiston	ID	83501
Secretary:	Margaret E. Ohman	498 Crestline Circle Dr.	Lewiston	ID	83501
Directors:					

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. Signature <i>Margaret E. Ohman</i> Name (Typed or Printed) Margaret E. Ohman Date July 19, 1994 Title Secretary
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