

## INSTRUCTIONS ON REVERSE SIDE

No. 67913	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>   NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		ROBERT G. HUSOME 760 WARM SPRINGS AVE.  BOISE ID 83712																									
	REHAB-LAB, INC. ROBERT G. HUSOME 760 WARM SPRINGS AVE.		3. Incorporated Under The Laws of ID NO: 067913																									
	BOISE ID 83712																											
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>Robert G. Husome</td> <td>3243 Betsy Ross Way</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>Barbara A. Husome</td> <td>3243 Betsy Ross Way</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> <tr> <td>Directors:</td> <td></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:	Robert G. Husome	3243 Betsy Ross Way	Boise	Idaho	83706	Secretary:	Barbara A. Husome	3243 Betsy Ross Way	Boise	Idaho	83706	Directors:					
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Directors:																												
5. Nature of Business repair dot matrix print heads	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 <i>Barbara A. Husome</i></td> <td>Date August 1, 1991</td> </tr> <tr> <td>Name (Typed or Printed) Barbara A. Husome</td> <td>Title Secretary</td> </tr> </table>				Signature <i>Barbara A. Husome</i>	Date August 1, 1991	Name (Typed or Printed) Barbara A. Husome	Title Secretary																				
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