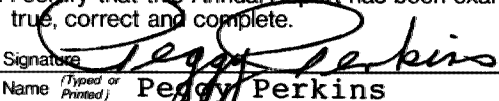
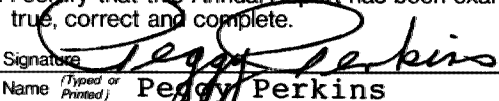
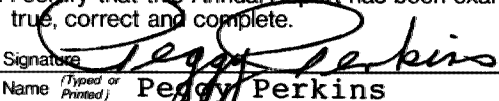


No. 104210	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office NOT A P.O. BOX DALE PERKINS 676 SHOUP AVE WEST #8 TWIN FALLS ID 83301																					
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct REHAB SYSTEMS, INC. DALE PERKINS 676 SHOUP AVE WEST #8 TWIN FALLS ID 83301		3. Incorporated Under The Laws of ID NO: 104210																					
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Dale Perkins</td> <td>844 Alturas Dr. N.</td> <td>Twin Falls, ID.</td> <td></td> <td>83301</td> </tr> <tr> <td>Secretary: Peggy Perkins</td> <td>844 Alturas Dr. N.</td> <td>Twin Falls, ID.</td> <td></td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Dale Perkins	844 Alturas Dr. N.	Twin Falls, ID.		83301	Secretary: Peggy Perkins	844 Alturas Dr. N.	Twin Falls, ID.		83301	Directors:				
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5. Nature of Business Orthotic/Prosthetic Service	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 9-20-94</td> </tr> <tr> <td>Name (Typed or Printed) Peggy Perkins</td> <td>Title Secretary</td> </tr> </table>				Signature 	Date 9-20-94	Name (Typed or Printed) Peggy Perkins	Title Secretary																
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