

INSTRUCTIONS ON REVERSE SIDE

No. 319	Idaho Limited Liability Company Annual Report Form Due No Later Than November 30, 1995 1. Mailing Address -- (Please Correct if Not Correct) RIVERSIDE PHYSICAL THERAPY, L.L.C. EDDY L ROBERTSON 150 -126TH ST OROFINO ID 83544	2. Registered Agent and Office NOT A P.O. BOX EDDY L ROBERTSON 150 -126TH ST OROFINO ID 83544
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED		3. Organized Under The Laws of ID NO: 319

4. Names and Addresses of Managers or Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Robertson, Ed	150 126th Street	Orofino	ID	83544
Robertson, Ferris	150 126th Street	Orofino	ID	83544

5. Signature of the Current Registered Agent (if changed in block 2) _____	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 <u><i>Ed Robertson</i></u> Date <u>7-17-95</u> Name (Typed or Printed) <u>Ed Robertson</u>
--	--