

No. C 86639

Due no later than May 31, 2008

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ST. JOE THERAPY SERVICES, P.A.  
LYNN WETTERLIN  
351 CHRISTMAS HILLS RD  
ST. MARIES, ID 83861DAVIE H WETTERLIN  
820 ELM ST  
ST. MARIES, ID 83861NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Lynne Wetterlin	351 Christmas Hills Rd.	St. Maries	ID	83861
Secretary	David Wetterlin	820 Elm St.	St. Maries	ID	83861

5. Organized Under the Laws of:

IDAHO  
C 86639

6.

Signature

*Lynne Wetterlin*

Date

3/17/08

Name (Typed or Printed)

Lynne Wetterlin

Title

President

Issued 03/03/2008

Do Not Tape or Staple

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