No. C118031

Annual Report Form

Due No Later Than November 30, 1997

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

JOHNSON PHYSICAL THERAPY, P.A.
CARL A JOHNSON
333 N 18TH AVE STE D-2
POCATELLO ID 83201

2. Registered Agent and Office NOT A P.O. BOX

CARL A JOHNSON
333 N 18TH AVE, STE D-2
POCATELLO ID 83201

3. Organized Under the Laws of:

ID C118031

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ❑ **Managers** or ❑ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	CARL JOHNSON	2342 Northstar	Pocatello	ID	83201
SECRETARY	JANA JOHNSON	2342 Northstar	Pocatello	ID	83201

5.

6.

Signature Carl Johnson Date 10/1/97

Name (Typed or Printed) CARL JOHNSON Title PRESIDENT

ISSUED: 07-04-1997

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DO NOT TAPE OR STAPLE