

July 25, 1995

RIVERSIDE PHYSICAL THERAPY, L.L.C.  
EDDY ROBERTSON  
150-126TH ST  
OROFINO ID 83544

RE: RIVERSIDE PHYSICAL THERAPY, L.L.C. File Number W 319

Dear Mr. Robertson:

Please find enclosed your recently submitted annual report for the 1995-1996 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1995 to avoid cancellation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

## INSTRUCTIONS ON REVERSE SIDE

No. 319	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX						
Return To	Due No Later Than November 30, 1995		EDDY L ROBERTSON 150 -126TH ST						
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1 Mailing Address -- Please Correct if Not Correct		OROFINO ID 83544						
	RIVERSIDE PHYSICAL THERAPY, L.L.C. EDDY L ROBERTSON 150 -126TH ST								
	OROFINO ID 83544		3. Organized Under The Laws of ID NO: 319						
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED									
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><u>Name</u></td> <td style="width: 40%;"><u>Street or P.O. Address</u></td> <td style="width: 15%;"><u>City</u></td> <td style="width: 15%;"><u>State</u></td> <td style="width: 5%;"><u>Zip</u></td> </tr> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>					
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>Ed Robertson</u> Date <u>7-17-95</u> Name (Typed or Printed) <u>Ed Robertson</u>							