

No. C 78371	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P O BOX																			
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 WORKER REHABILITATION ASSOCI DR. DAVID D. ROBINSON 4265 CORRIENTE PLACE BOULDER CO 80301		DAVID D. ROBINSON 475 MAIN STREET BOISE ID 83722																			
	3. Organized Under the Laws of ID C 78371																					
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)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 35%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DAVID D. ROBINSON</td> <td>4265 CORRIENTE PL</td> <td>BOULDER</td> <td>CO</td> <td>80301</td> </tr> <tr> <td>SECRETARY</td> <td>SHEILA B. ROBINSON</td> <td>4265 CORRIENTE PL</td> <td>BOULDER</td> <td>CO</td> <td>80301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DAVID D. ROBINSON	4265 CORRIENTE PL	BOULDER	CO	80301	SECRETARY	SHEILA B. ROBINSON	4265 CORRIENTE PL	BOULDER	CO	80301
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5.		6.																				
		Signature <u>David D. Robinson</u> Date <u>8/6/97</u> Name (Typed or Printed) <u>DAVID D ROBINSON</u> Title <u>PRESIDENT</u>																				

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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