

No. C 86639	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX DAVID H. WETTERLIN 229 SEVENTH STREET ST. MARIES ID 83861
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct ST. JOE THERAPY SERVICES, P. DAVID H. WETTERLIN 229 SEVENTH STREET	3. Organized Under the Laws of: ID C 86639
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
President	David H. Wetterlin	HCRO4 Box 40C St Maries ID 83861
Secretary	Cyrus H. Wetterlin	HCRO4 Box 40C St Maries ID 83861
Directors	Same as above.	
5. NATURE OF BUSINESS PHYSICAL THERAPY	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>David H. Wetterlin</u> Date <u>July 18, 96</u> Name (Typed or Printed) <u>David H. Wetterlin</u> Title <u>President</u>	

ISSUED: 07-06-1996

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