

No. C 86639 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than May 31, 2002 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: left;">1. Mailing Address - Correct in this box, if applicable</div> ST. JOE THERAPY SERVICES, P.A. LYNN WETTERLIN 351 CHRISTMAS HILLS RD ST. MARIES, ID 83861	2. Registered Agent and Office NO PO BOX DAVIE H WETTERLIN 229 SEVENTH STREET ST. MARIES, ID 83861 3. <u>New</u> 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
Vice President	David Wetterlin	351 Christmas Hills Rd	St. Maries	ID	83861

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 86639</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u><i>Lynne Wetterlin</i></u></td> <td style="width: 40%;">Date <u>3/20/02</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Lynne Wetterlin</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature <u><i>Lynne Wetterlin</i></u>	Date <u>3/20/02</u>	Name <small>(Typed or Printed)</small> <u>Lynne Wetterlin</u>	Title <u>President</u>
Signature <u><i>Lynne Wetterlin</i></u>	Date <u>3/20/02</u>				
Name <small>(Typed or Printed)</small> <u>Lynne Wetterlin</u>	Title <u>President</u>				