

No. C 86827	Annual Report Form 1996 Due No Later Than November 30,		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	1. Mailing Address - Please Correct, If Not Correct INSTITUTE OF PHYSICAL THERAPY LAWRENCE OHMAN 498 CRESTLINE CIRCLE DR LEWISTON ID 83501		LAWRENCE OHMAN 578 SOUTHWAY LEWISTON ID 83501
* FIRST NOTICE *		3. Organized Under the Laws of: ID C 86827	

4. Corporations: Enter Names and 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	Lawrence C. Ohman	498 Crestline Cir Dr.	Lewiston	ID	83501
Secretary	Margaret E. Ohman	498 Crestline Cir Dr.	Lewiston	ID	83501

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>Margaret E. Ohman</u>	Date <u>July 23, 1996</u>
Name (Typed or Printed) <u>Margaret E. Ohman</u>		Title <u>Secretary</u>

ISSUED: 07-06-1996

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