

No. W 1108	Annual Report Form 1997 <i>Due No Later Than November 30,</i>	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 SOUTHERN IDAHO THERAPY SERVI D DEAN MAYES 564 SHOUP AVE W TWIN FALLS ID 83301	D DEAN MAYES 564 SHOUP AVE W TWIN FALLS ID 83301 3. Organized Under the Laws of: ID W 1108			
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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Pres.</i>	<i>Jerry Aiken</i>	<i>2523 9th Ave. E.</i>	<i>Twin Falls</i>	<i>ID.</i>	<i>83301</i>
<i>Sec.</i>	<i>Scott Bbham</i>	<i>545 Cedar Dr.</i>	<i>Burley</i>	<i>ID.</i>	<i>83318</i>
<i>Director</i>	<i>D. Dean Mayes</i>	<i>687 Cindy Dr.</i>	<i>Twin Falls</i>	<i>ID.</i>	<i>83301</i>
5. SIGNATURE OF CURRENT RA			6.		
			Signature <u><i>D. Dean Mayes</i></u> Date <u><i>7-15-97</i></u>		
			Name (Typed or Printed) <u><i>D Dean Mayes</i></u> Title <u><i>Director</i></u>		

ISSUED: 07-04-1997

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(DO NOT TAPE OR STAPLE)