

NO. C 86639	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX DAVIE 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. LYNN WETTERLIN HCO4-BOX 40C		3. Organized Under the Laws of: ID C 86639	
** FINAL NOTICE **				
4. Corporations: Enter Names and Business 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>
President	Lynne Wetterlin	HCO4-Box 40C	St. Maries	ID 83861
Secretary	Cory Wetterlin	"	"	"
5. <u>New</u> Registered Agent Signature		6. Signature <u>Lynne Wetterlin</u> Date <u>10/18/99</u> Name (Typed or Printed) <u>Lynne Wetterlin</u> Title <u>Pres.</u>		

ISSUED: 10-01-1999

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