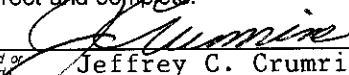


## INSTRUCTIONS ON REVERSE SIDE

No. <u>044939</u> Return To <b>REINSTATEMENT</b> Secretary of State Room 203, Statehouse Boise, ID 83720 Forfeited 12/1/88 Reinstatement Fee \$26.00	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1990	2. Registered Agent and Office Pat Rocco <u>CORRECTION BELOW</u> c/o PNSI 1425 N. Boyer Sandpoint, Idaho 83864																														
	1. Mailing Address -- Please Correct <u>CORRECTION BELOW</u> IDAHO ASSOCIATION OF REHABILITATION INDUSTRIES, INC. Ken Korczyk c/o TESH 3803 Insutrial Avenue Coeur d'Alene, Idaho 83814	3. Incorporated Under The Laws of IDAHO																														
4. Names and Addresses of Officers and Directors																																
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>John Bodden</td> <td>Opportunities Unlimited, Inc.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Jeffrey C. Crumrine</td> <td>2705 East Main</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td></td> <td>Magic Valley Rehabilitation Services, Inc.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>484 Eastland Drive S</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Street or P.O. Address	City	State	Zip	President:	John Bodden	Opportunities Unlimited, Inc.	Lewiston	ID	83501	Secretary:	Jeffrey C. Crumrine	2705 East Main	Twin Falls	ID	83301	Directors:		Magic Valley Rehabilitation Services, Inc.						484 Eastland Drive S					
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1. Mailing Address - Correction Idaho Association of Rehabilitation Industries, Inc. Jeffrey C. Crumrine, c/o Magic Valley Rehabilitation Services, Inc. 484 Eastland Drive South, Twin Falls, ID 83301		2. Registered agent and office - correction Jeffrey C. Crumrine c/o Magic Valley Rehabilitation Services, Inc. 484 Eastland Drive South Twin Falls, ID 83301																														
5. Nature of Business Association promoting improved services for people with disabilities	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  Name (Typed or Printed) Jeffrey C. Crumrine Date July 23, 1990 Title Secretary-Treasurer																															