

No. W 746

Annual Report Form

1997

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

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

CENTER FOR PHYSICAL REHABILITATION
JULIE A ELLIS
496 G SHOUP AVE W

TWIN FALLS

ID 83301

JULIE A ELLIS
496 G SHOUP AVE W
TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID W 746

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)

Office heldNameStreet or P.O. AddressCityStateZip

Member

Julie A. Ellis

3228 Highlawn

Twin Falls

ID

83301

member

Charles T. Wagner

3228 Meadow Ridge Cir

Twin Falls

ID

83301

5. SIGNATURE OF CURRENT RA

6.

Signature

Name

(Typed or
Printed)

Date

Title

X Julie Ellis
Julie A. Ellis

7-15-97

Partner

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

434