No. 86827	Idaho Corporation Annual Report Form				2. Registered Agent and Office NOT A P.O. BOX				
Return To	Due No Later Than November 1, 1993 Mailing Address - Please Correct If Not Correct				LAWRENCE OHMAN 1626-177H STREET				
Secretary of State Room 203, Statehouse Boise, ID 83720									
	INSTITUTE OF PHYSICAL THERAPY A LAWRENCE OHMAN 2647 SEAPORT DRIVE			678 Southway LEWISTON ID 83501 0					
				3. Incorporated Under The Laws					
** FINAL NOTICE ** NO FEE REQUIRED	LEWISTON	ID	83501	0000	of NO:	ID 86827			
Names and Addresses of Officers a	and Directors				L	*		·	
	Name	Street c	r P.O. Addres	38		City	State	Zip	
President: Lawrence C. C. Secretary: Margaret E. C. Directors:			Seaport Seaport			Lewiston, Lewiston,	ID ID	83501 83501	
						e	A		
. Nature of Business	6. I certify tha	t this Annual	Report has	been exami	ned by m	ne and is to the t	est of my	knowledge	
Out-Patient Physical The		true, correct and complete. Signature Mayart E Shman				Date 10-	09-92	,	
	Name (Name of M	argaret E	. Ohman				retary	-4-	

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