

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 86827		Idaho Corporation Annual Report Form		2. Registered Agent and Office	
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1, 1990		LAWRENCE OHMAN 1626 17TH STREET	
		1. Mailing Address — Please Correct		LEWISTON ID 83501 7	
		INSTITUTE OF PHYSICAL THERA LAWRENCE OHMAN 2641 SEAPORT DRIVE		3. Incorporated Under The Laws of ID	
NO FEE REQUIRED		LEWISTON ID 83501		NO: 086827	

## 4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Lawrence C. Ohman	2641 Seaport Dr.	Lewiston,	ID	83501
Secretary:	Margaret E. Ohman	2641 Seaport Dr.	Lewiston,	ID	83501
Directors:	Lawrence C. Ohman	2641 Seaport Dr.	Lewiston,	ID	83501
	Margaret E. Ohman	2641 Seaport Dr.	Lewiston,	ID	83501

## 5. Nature of Business

Out-patient Physical Therapy

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)

Margaret E. Ohman

Date

7-8-90

Title

Secretary