

86639

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No.	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct  <b>ST. JOE THERAPY SERVICES, P.A.</b> <b>DAVID H. WETTERLIN</b> <b>229 SEVENTH STREET</b>  <b>ST. MARIES ID 83861 0000</b>	<b>DAVID H. WETTERLIN</b> <b>229 SEVENTH STREET</b>  <b>ST. MARIES ID 83861</b>  3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 86639</b>

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	DAVID WETTERLIN	HCRO4 Box 40C	St. Maries	Id.	83861
Secretary:	LYNNE WETTERLIN	HCRO4 Box 40C	St. Maries	Id.	83861
Directors:	David Wetterlin	" "	" "	" "	" "
	Lynne Wetterlin	" "	" "	" "	" "

## 5. Nature of Business

Physical & Occupational  
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	David H. Wetterlin	PRES.	Date	July 10, 92
Name (Typed or Printed)	David H. Wetterlin		Title	President