

No. 78380	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address (If Not Correct, If Not Correct)	JOHN EDMUND FURNESS, JR. 103 BITTERROOT LANE SALMON ID 83467																								
	SALMON PHYSICAL THERAPY, IN SHARON A. FURNESS 103 BITTERROOT LANE SALMON ID 83467	3. Incorporated Under The Laws of ID NO: 078380																								
4. Names and Addresses of Officers and Directors																										
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>John E. Furness</td> <td>103 Bitterroot</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Secretary:</td> <td>Sharon A. Furness</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John E. Furness	103 Bitterroot	Salmon	ID	83467	Secretary:	Sharon A. Furness	" "	"	"	"	Directors:					
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Secretary:	Sharon A. Furness	" "	"	"	"																					
Directors:																										
5. Nature of Business physical therapy practice	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>Sharon Furness</i></td> <td>Date</td> <td>7/12/91</td> </tr> <tr> <td>Name (Type or Printed)</td> <td>SHARON FURNESS</td> <td>Title</td> <td>Secretary</td> </tr> </table>		Signature	<i>Sharon Furness</i>	Date	7/12/91	Name (Type or Printed)	SHARON FURNESS	Title	Secretary																
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