INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-93

No. 78371

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

1. Mailing Address — *Please Correct If Not Correct*

WORKER REHABILITATION ASSOCIATE
DR. DAVID D. ROBINSON
4265 CORRIENTE PLACE

BOULDER CO 80301

2. Registered Agent and Office NOT A P.O. BOX

DAVID D. ROBINSON
475 MAIN STREET

BOISE ID 83702

3. Incorporated Under The Laws

of ID
NO: 78371

4. Names and Addresses of Officers and Directors — MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	DAVID D. ROBINSON	4265 CORRIENTE PL.	BOULDER	CO	80301
Secretary:	SHEILA B. ROBINSON	4265 CORRIENTE PL.	BOULDER	CO	80301
Directors:					

5. Nature of Business

PSYCHOLOGICAL TESTING

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 D. Robinson Date 7/26/93

Name *(Typed or Printed)* DAVID D. ROBINSON Title PRESIDENT