



No. W 319	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX EDDY L ROBERTSON 150 -126TH ST DROFINO ID 83544	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct If Not Current RIVERSIDE PHYSICAL THERAPY, EDDY L ROBERTSON 150 -126TH ST DROFINO ID 83544		3. Organized Under the Laws of: ID d 319	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
member	Ed Robertson	Box 85	Peck,	Idaho 83545
member	Ferris Robertson	P.O. Box 85	Peck,	Idaho 83545
5. SIGNATURE OF CURRENT RA 		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  Date 7-15-96 Name (Typed or Printed) Ed Robertson Title member		
ISSUED: 37-38-1995		285		