No. Return To Secretary of State Room 203, Statehouse Boise ID 83720 RECEIVED SEC. OF STATE NO FEE REQUIRED		Idaho Corporation Annual Report Form				2. Registered Agent and Office LAWRENCE OHMAN			
		Due No Later Than November 1,1989 1. Mailing Address — Please Correct INSTITUTE OF PHYSICAL THERAPY AN LAWRENCE OHMAN 2641 SEAPORT DRIVE LEWISTON ID 83501			2641-SEAPORT-DRIVE 1626 17th Street LEWISTON			ID 83	
					ID 83501	3. Incorporated Under The Laws of IDAHO			
9 JUL 13	AM 9 36 Addresses of Office			······································	···	1		NO:	8682
4. Names and F	addresses of Office	ns and Direc		Street o	r P.O. Address	. !	City	State	<u>Zip</u>
President:	Lawrence C.	Ohman		2641	Seaport Drive	4 . *	Lewiston	ID	83501
Secretary:	Margaret E.	Ohman			Seaport Drive		Lewiston	ID	83501
Directors:	Lawrence C.				Seaport Drive		Lewiston	ID	83501
	Margaret E.	Ohman		2641	Seaport Drive	8	Lewiston	ID	83501
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		€*					at .		
5. Nature of Bus	siness al Therapy		6. I certify that true, correct Signature	: and comple	Report has been exa te. WE OWN		and is to the t	pest of my k	nowledge
			Name (Typed or Printed) Margaret E. Ohman			Title Vice-President/ Se			
	· · · · · · · · · · · · · · · · · · ·		Printed)	margarer	E. Ullian		1110 ATC	e-trest	Tenr/ 9