

No. C 86639	<p align="center"><b>Annual Report Form</b></p> <p align="center">Due No Later Than November 30, 1997</p>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	<p>1. Mailing Address - Please Correct, If Not Correct</p> <p>ST. JOE THERAPY SERVICES, P. <del>DAVID H. WETTERLIN</del> <del>229 SEVENTH STREET</del> <del>HCO4-Box 40C</del></p> <p>ST. MARIES ID 83861</p>		<p>DAVID H. WETTERLIN 229 SEVENTH STREET Lynne Wetterlin HCO4-Box 40C ST. MARIES ID 83861</p>																				
** FINAL NOTICE **			3. Organized Under the Laws of: ID C 86639																				
<p>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 type="checkbox"/> Members (check one)</p> <table border="1"> <thead> <tr> <th><u>Office held</u></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>Lynne Wetterlin</td> <td>HCO4-Box 40C</td> <td>St. Maries</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>Secretary</td> <td>Cory Wetterlin</td> <td>HCO4-Box 40C</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Lynne Wetterlin	HCO4-Box 40C	St. Maries	ID	83861	Secretary	Cory Wetterlin	HCO4-Box 40C	"	"	"
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Secretary	Cory Wetterlin	HCO4-Box 40C	"	"	"																		
5.	<p>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</p> <p>Signature <u>Lynne Wetterlin</u> Date <u>10/15/97</u></p> <p>Name (Typed or Printed) <u>Lynne. Wetterlin</u> Title <u>President</u></p>																						

ISSUED: 10-04-1997

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