

No. C 86639

Annual Report Form

1997

Due No Later Than November 30,

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

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

ST. JOE THERAPY SERVICES, P.

~~DAVID H. WETTERLIN~~~~229 SEVENTH STREET~~

HC04-Box 40C

ST. MARIES

ID 83861

~~DAVID H. WETTERLIN~~~~229 SEVENTH STREET~~

Lynne Wetterlin

~~HC04-Box 40C~~

ST. MARIES

ID 83861

3. Organized Under the Laws of:

ID

C 86639

** FINAL NOTICE **

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President

Lynne Wetterlin

HC04-Box 40C

St. Maries

ID

83861

Secretary

Cory Wetterlin

HC04-Box 40C

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5.

Lynne K. Wetterlin

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

Lynne Wetterlin

Date

10/15/97

Name (Typed or Printed)

Lynne Wetterlin

Title

President

ISSUED: 10-04-1997

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