Due No Later Thai	oort Form 1996 November 30,	z. Hogistered Agent	and Office NOT A P.O. BOX
1. Mailing Address - Please Corn UNITED REHABILI	ect, If Not Correct	300 N 6T	RATION SYSTEM H ST
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Street or P.	O. Address	City	
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\$ 6. I certify that this	Annual Report has been ex	aprined by me and	is to the best of
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Name (Typed or X)	DBERT S. ABRAMON	USXI THE V	PINTA
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	1. Mailing Address - Please Corr UNITED REHABILI GUY W SMITH 105 W MICHIGAN MILWAUKEE INTELEMBER B. LAGLEY C. SMITH C. MINNER C. SMITH C. S	1. Mailing Address - Please Correct, If Not Correct UNITED REHABILITATION SERVIC GUY W SMITH 105 W MICHIGAN ST MILWAUKEE WI 53203 Ind Addresses of President, Secretary and Directors Inter Names and Addresses of Managers or Members Street or P.O. Address SHITH 105 W MYCHIGAN ST P RHINELPNICE B. LADLEY SMITH C. BERTEMO H. AUSTIN, JR. A. DINAUER Signature Name (Typed or ROBERT J. ABRAMON 1996	1. Mailing Address Please Correct. If Not Correct UNITED REHABILITATION SERVIC GUY W SMITH 105 W MICHIGAN ST MILWAUKEE WI 53203 MI MILWAUKEE WI 53203 MI Managers or Members (check one) Street or P.O. Address City SHITH 105 W MICHIGAN ST MILWAUKEE Street or P.O. Address City SHITH 105 W MICHIGAN ST MILWAUKEE RHINGLANDER M. AUSTIN, JR. A. DINAUER G. I certify that this Annual Report has been examined by me and knowledge true, correct and complete. Signature Name Printed or MORERI Name (Typed or MORERI J. ABRAHOWSKI Title V