No. 102137	T	ration Annual Report Form	2. Registered Agent a	nd Office N	OT A P.O. BOX
Return To	Due No Later Than November 1,1993		877 MAIN ST		
Secretary of State Room 203, Statehouse Boise, ID 83720	COMPREHENSIVE REHABILITATION AS 312 UNION WHARF		BOISE	ID	83702 5
* FIRST NOTICE *			3. Incorporated Under The Laws of MA		
NO FEE REQUIRED	BOSTON	MA 02109 5858	No: 102137		•
1. Names and Addresses of Office	rs and Directors	MUST DE PRINTED	DR TYPED		
	Name	Street or P.O. Address	City	State	Zip
President: DOUALS J. Secretary: LOIS E. Sc Directors:		S N MAID ST DS LARCHMONT ST	COHASSET MELCOSE	MA MA	०२०२५ ०२।७६
		ts above ts above			
5. Nature of Business	IR I certify	that this Annual Report has been exa	mined by me and is to the	ne best of m	y knowledge
	true, co	rrect and complete.	Date	,	193
SOCIAL SERVICES	Name (7)		Title X	PESINE	WIT