

| No. 62868  | <b>Idaho Corporation Annual Report Form</b>  |                               | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                         |              |                               |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
|--|--|-------------------------------|--|--------------|-------------------------------|----------------------|--------------|----------------|-------------------------|----------------------|--------------------|-----------------|----|-------|------------|------------------|-----------|--------|----|-------|------------|---------------|--|-------------|----|-------|--|----------------|-----------------|-------------|----|-------|--|--|
| Return To<br><br><b>Secretary of State<br/>Room 203, Statehouse<br/>Boise, ID 83720</b><br><br>* FIRST NOTICE *<br>NO FEE REQUIRED   | Due No Later Than November 1, 1993   |                               | GARY W. GARRISON, R.P.T.<br>552 SHOUP AVENUE WEST<br><br>TWIN FALLS ID 83301 |              |                               |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
|  | 1. Mailing Address:<br><b>MAGIC VALLEY REHABILITATION AND<br/>GARY W. GARRISON, R.P.T.<br/>552 SHOUP AVENUE WEST<br/><br/>TWIN FALLS ID 83301</b>  |                               |  |              |                               |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| 4. Names and Addresses of Officers and Directors   |  |                               | <b>MUST BE PRINTED OR TYPED</b>  |              |                               |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| <table border="0"> <thead> <tr> <th></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>GARY W. GARRISON</td> <td>218 S. Holyoke Dr.</td> <td>Elko</td> <td>NV</td> <td>89801</td> </tr> <tr> <td>Secretary:</td> <td>SCOTT R. BLOXHAM</td> <td>545 Cedar</td> <td>Burley</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>Directors:</td> <td>D. DEAN MAYES</td> <td></td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td></td> <td>JERRY L. AIKEN</td> <td>2523 9th Ave E.</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table> |  |                               |  | <u>Name</u>  | <u>Street or P.O. Address</u> | <u>City</u>          | <u>State</u> | <u>Zip</u>     | President:              | GARY W. GARRISON     | 218 S. Holyoke Dr. | Elko            | NV | 89801 | Secretary: | SCOTT R. BLOXHAM | 545 Cedar | Burley | ID | 83318 | Directors: | D. DEAN MAYES |  | TWIN FALLS, | ID | 83301 |  | JERRY L. AIKEN | 2523 9th Ave E. | TWIN FALLS, | ID | 83301 |  |  |
|  | <u>Name</u>  | <u>Street or P.O. Address</u> | <u>City</u>  | <u>State</u> | <u>Zip</u>                    |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| President:   | GARY W. GARRISON   | 218 S. Holyoke Dr.            | Elko   | NV           | 89801                         |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| Secretary:   | SCOTT R. BLOXHAM   | 545 Cedar                     | Burley   | ID           | 83318                         |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| Directors:   | D. DEAN MAYES  |                               | TWIN FALLS,  | ID           | 83301                         |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
|  | JERRY L. AIKEN   | 2523 9th Ave E.               | TWIN FALLS,  | ID           | 83301                         |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| 5. Nature of Business<br><br><i>Physical Therapy<br/>SVC</i>   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><table border="0"> <tr> <td>Signature</td> <td><i>D. Dean Mayes</i></td> <td>Date</td> <td><i>11/1/93</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><i>D. DEAN MAYES</i></td> <td>Title</td> <td><i>Director</i></td> </tr> </table> |                               |  |              | Signature                     | <i>D. Dean Mayes</i> | Date         | <i>11/1/93</i> | Name (Typed or Printed) | <i>D. DEAN MAYES</i> | Title              | <i>Director</i> |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| Signature  | <i>D. Dean Mayes</i>   | Date                          | <i>11/1/93</i>   |              |                               |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |
| Name (Typed or Printed)  | <i>D. DEAN MAYES</i>   | Title                         | <i>Director</i>  |              |                               |                      |              |                |                         |                      |                    |                 |    |       |            |                  |           |        |    |       |            |               |  |             |    |       |  |                |                 |             |    |       |  |  |