INSTRUCTIONS ON REVERSE SIDE

ISSUED: 10-[illegible]-1993

No. 90300

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

** FINAL NOTICE **
NO FEE REQUIRED

1. Mailing Address *(Include Street or P.O. Box)*

THERAPUTIC MANAGEMENT, INC., CH
[illegible] P.O. Box 1786
[illegible]

IDAHO FALLS ID [illegible] 83403

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

[illegible] David L.
[illegible] Andersen

765 West Judicial
Blackfoot, ID 83221

3. Incorporated Under The Laws
of ID
NO: 90300

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	Name	Street or P.O. Address	City	State	Zip
President:	David L. Andersen	P.O. Box 1786	Idaho Falls	ID	83403
Secretary:	Susan A. Andersen	P.O. Box 1786	Idaho Falls	ID	83403
Directors:					
	David L. Andersen	P.O. Box 1786	Idaho Falls	ID	83403

5. Nature of Business

Physical Therapy Clinic

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 [signature]

Name *(Typed or Printed)* David L. Andersen

Date 10/27/93

Title President