

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct THERAPY CENTER, INC. (THE) LEROY O. DEWITT, III PO BOX 787 PAUL ID 83347 0000	LEROY O. DEWITT, III 219 N. MAIN PAUL ID 83347 3. Incorporated Under The Laws of ID NO: 81808

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Myrna Halverson	Rt. #3Bx59	Reupert	ID.	83350
Secretary:					
Directors:					

5. Nature of Business Massage Therapy	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 <u>Myrna Halverson</u> Date <u>7-14-92</u> Name (Typed or Printed) <u>Myrna Halverson</u> Title <u>PRES.</u>
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