

No. W 21097	Due no later than October 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable EDUCATIONAL THERAPY & CONSULTATION, 3842 S SUNTREE WAY BOISE, ID 83706		BARBARA RAND 3842 S SUNTREE WAY BOISE, ID 83706		
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Sole owner	Barbara L. Rand	3842 S. Suntree Way	Boise	ID	83706
Educational Therapist					
5. Organized Under the Laws of: IDAHO W 21097	6. Signature <u>Barbara L. Rand</u> Date <u>8/18/08</u> Name <small>(Typed or Printed)</small> <u>Barbara L. Rand</u> Therapist Title <u>Educational</u>				