

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/ Educational Therapist	Barbara L Rand	3842 S. Suntree Way	Boise	ID	83706

5. Organized Under the Laws of:**IDAHO
W 21097****6.****Signature**Barbara L Rand**Date**8/18/08**Name (Typed or Printed)**Barbara L Rand**Title**Therapist
Educational**Issued 08/06/2008****Do Not Tape or Staple****200810004920**