

No. W 25145	Due no later than July 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		KRISTIN ZAUEL 100 MAIN ST STE 204 BOISE, ID 83702 7262													
	KRISTIN ZAUEL, PH.D., PLLC KRISTIN ZAUEL 100 MAIN ST STE 204 BOISE, ID 83702 7262		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></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>member</td> <td>Kristin Zauel</td> <td>100 Main St Ste 204</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	member	Kristin Zauel	100 Main St Ste 204	Boise	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
member	Kristin Zauel	100 Main St Ste 204	Boise	ID	83702											
5. Organized Under the Laws of: IDAHO W 25145		6. Signature <u>Kristin Zauel</u> Date <u>5/8/06</u> (Typed or Printed) Name <u>Kristin Zauel</u> Licensed Title <u>Psychologist</u>														

Issued 05/01/2006

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