

No. C 126948	Due no later than January 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX PETER S HARVEY 834 FALLS AVE STE 1180 TWIN FALLS, ID 83301																		
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 ADULT, CHILD, AND FAMILY ASSOCIATES PETER S HARVEY 834 FALLS AVE STE 1180 TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President.</td> <td>Peter S. Harvey.</td> <td>834 Falls Ave., Ste 1180.</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary.</td> <td>Mary J. Harvey.</td> <td>834 Falls Ave., Ste 1180.</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</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>	President.	Peter S. Harvey.	834 Falls Ave., Ste 1180.	Twin Falls,	ID	83301	Secretary.	Mary J. Harvey.	834 Falls Ave., Ste 1180.	Twin Falls,	ID	83301
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5. Organized Under the Laws of: IDAHO C 126948	6. Signature <u>Peter Harvey</u> Date <u>11/20/03</u> Name <small>(Typed or Printed)</small> <u>Peter Harvey</u> Title <u>President</u>																			