

No. C 133407	Due no later than Apr 30, 2002 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	1. Mailing Address - Correct in this box, if applicable DOWNTOWN COUNSELING & PLAY THERAPY CONNIE O'MARRA 220 4TH AVE E TWIN FALLS, ID 83301		CONNIE O'MARRA 220 4TH AVENUE EAST TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Secretary	Scott Wayment	3501 E 3100N	Kimberly	ID	83341
president	Connie O'Marra	220 4th Ave E	Twin Falls	ID	83341

5. Organized Under the Laws of: IDAHO C 133407	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Connie O'Marra</u></td> <td style="width: 40%;">Date <u>2-13-02</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Connie O'Marra</u></td> <td>Title <u>president/chain</u></td> </tr> </table>	Signature <u>Connie O'Marra</u>	Date <u>2-13-02</u>	Name (Typed or Printed) <u>Connie O'Marra</u>	Title <u>president/chain</u>
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