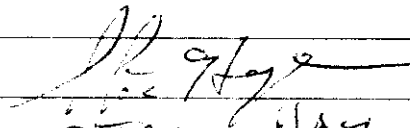


No. <b>C 155089</b>	<b>Due no later than June 30, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		STANLEY V HAYE 3539 E 3000 N KIMBERLY, ID 83341												
	SLEEP INSTITUTE OF IDAHO, INC. 3539 E 3000 N KIMBERLY, ID 83341														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Stan Hays</td> <td>3539 E 3000 N</td> <td>Kimberly</td> <td>ID</td> <td>83341</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		Stan Hays	3539 E 3000 N	Kimberly	ID	83341
Office held	Name	Street or P.O. Address	City	State	Zip										
	Stan Hays	3539 E 3000 N	Kimberly	ID	83341										
5. Organized Under the Laws of:  IDAHO C 155089	6. Signature  Date <u>4.28-05</u> Name (Typed or Printed) <u>STAN HAYS</u> Title _____														

Issued 04/01/2005

Do Not Tape or Staple

200506003243