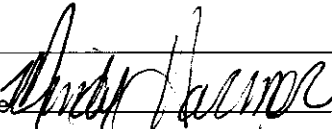
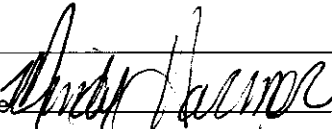
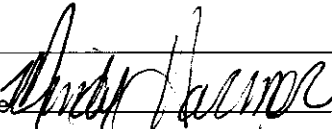


No. <b>W 16597</b>	Due no later than Sep 30, 2002 <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		CHERRI A SUTER 1201 FALLS AVE E # 36  TWIN FALLS, ID 83301																		
	CIERRA THERAPY, L.L.C.  PO BOX 5544  TWIN FALLS, ID 83301		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>Partner</td> <td>Melinda Harmer</td> <td>440 Pace Drive</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Partner</td> <td>Cherri Suter</td> <td>426 E 330 N</td> <td>promle</td> <td>ID</td> <td>83338</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>	Partner	Melinda Harmer	440 Pace Drive	Twin Falls	ID	83301	Partner	Cherri Suter	426 E 330 N	promle	ID	83338
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