

No. J 769

Due no later than May 31, 2008
Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

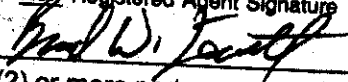
1. Mailing Address - Correct in this box, if applicable

SIX RIVERS COUNSELING, LLP
1401 N WHITLEY DR STE 18
FRUITLAND, ID 83619

2. Registered Agent and Office NO PO BOX

BRAD W LEVITT
1401 N WHITLEY DR STE 18
FRUITLAND, ID 83619NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature



4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office heldNameStreet or P.O. AddressCityStateZip

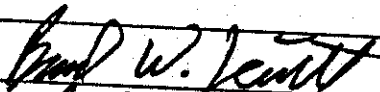
I am sole proprietor at this time &
this will be dismantled & together soon
owner Brad Levitt 1401 N. Whitley Dr. Fruitland, ID 83619

5. Organized Under the Laws of:

OREGON
J 769

6.

Signature



Date

3-11-08

Name (Typed or Printed)

Brad W. Levitt

Title

Owner

Issued 03/03/2008

Do Not Tape or Staple

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