

No. W 26599	Due no later than October 31, 2004 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HEALTH PROMOTION AND PREVENTION GRO 2117 MANITOU AVE BOISE, ID 83706		JOANNE MITTEN 2117 MANITOU AVE BOISE, ID 83706 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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></td> <td>Joanne Mitten</td> <td>2117 Manitou Ave</td> <td>Boise</td> <td>ID</td> <td>83706</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>		Joanne Mitten	2117 Manitou Ave	Boise	ID	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Joanne Mitten	2117 Manitou Ave	Boise	ID	83706										
5. Organized Under the Laws of: IDAHO W 26599		6. Signature <u>Joanne Mitten</u> Date <u>8.9.04</u> Name <small>(Typed or Printed)</small> <u>Joanne Mitten</u> Title <u>Owner/Manager</u>													

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Do Not Tape or Staple

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