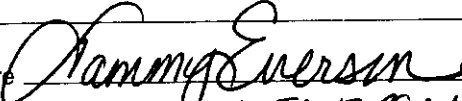


<b>No. W 36468</b>	<b>Due no later than February 28, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable  CAMAS PROFESSIONAL COUNSELING, L.L. <del>PO BOX 227</del> <b>320 EAST MAIN</b> <del>COTTONWOOD, ID 83522</del> <b>POB 627</b> <b>GRANDEVILLE, ID 83530</b>		BRIT GROOM 504 KING ST STE 1 COTTONWOOD, ID 83522																								
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 40%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>TAMMY EVERSON,</td> <td>RR1, BOX 213E</td> <td>COTTONWOOD,</td> <td>ID</td> <td>83530</td> </tr> <tr> <td>CLINIC DIRECTOR</td> <td>FRED MALONE</td> <td>312 MCCLAIN</td> <td>CRAIGMONT,</td> <td>ID</td> <td></td> </tr> <tr> <td>MGR</td> <td>BARB GRAZIANO,</td> <td>912 IDAHO,</td> <td>Grangeville</td> <td>ID</td> <td>83530</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>	MGR	TAMMY EVERSON,	RR1, BOX 213E	COTTONWOOD,	ID	83530	CLINIC DIRECTOR	FRED MALONE	312 MCCLAIN	CRAIGMONT,	ID		MGR	BARB GRAZIANO,	912 IDAHO,	Grangeville	ID	83530
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5. Organized Under the Laws of:  IDAHO W 36468	6. Signature  Date <b>12/23/05</b> Name (Typed or Printed) <b>TAMMY EVERSON</b> Title <b>MGR/PTNR</b>																										