No. C 137999	Due no later than March 31, 2005	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable SNAKE RIVER REHABILITATION SERVICES 322 MAIN ST LEWISTON, ID 83501	EDWIN L LITTENEKER 322 MAIN ST LEWISTON, ID 83501
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
 Corporations: Enter Nam 	es and Business Addresses of President, Secreta	y and Directors.
Office held Name	Street or P.O. Address City	State Zip
President, Michael	Emery, 1630 23rd Avenue, Ste.,	401, Lewiston, ID 83501
		2005 AP
5. Organized Under the Laws of:	6.	100 4- Prof
IDAHO C 137999	Signature	Date: 7 - Proj President
Issued 01/03/2005	Do Not Tape or Staple	200503004361
С	Fold, seal and mail this portion.	7 C
	Detach at this perforation and discard this lower portion	ORIGINAL

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.
- BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box
- BLOCK 3: Only a new registered agent must sign in Block 2.
- BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). Note: Putting "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1.
- BLOCK 5: May not be altered through the use of this form.
- **BLOCK 6:** The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.
- ** The Image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

DUE NO LATER THAN MARCH 31, 2005

POSTMARK DATES WILL NOT BE ACCEPTED