No. C 90300	Due no later than September 30, 2003 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 THERAPUTIC MANAGEMENT, INC., CHARTE ~~PO BOX 1786~~ 363 Tyra Drive IDAHO FALLS, ID ~~83403~~ 83401	DAVID L ANDERSEN 363 TYRA DR IDAHO FALLS, ID 83401 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	David L. Andersen	363 Tyra Dr.	Idaho Falls	ID	83401
Secretary	Susan A. Andersen	363 Tyra Dr.	Idaho Falls,	ID	83401
Director	David L. Andersen	363 Tyra Dr.	Idaho Falls,	ID	83401

5. Organized Under the Laws of:	6.
IDAHO C 90300	Signature _____ Date 9/17/03 Name (Typed or Printed) David L. Andersen Title President

Issued 07/02/2003

Do Not Tape or Staple

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