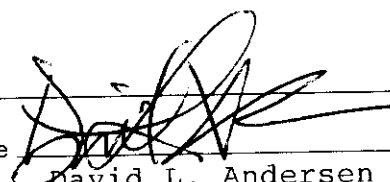


No. C 90300	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX DAVID L ANDERSEN 363 TYRA DR IDAHO FALLS, ID 83401
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable THERAPUTIC MANAGEMENT, INC., CHARTE PO BOX 1796 363 Tyra Drive IDAHO FALLS, ID 83403 83401		3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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: IDAHO C 90300	6.  Signature _____ Date <u>9/17/03</u> Name (Typed or Printed) <u>David L. Andersen</u> Title <u>President</u>
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