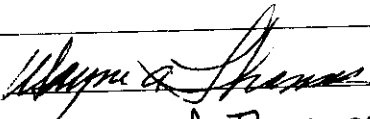


No. C 104244	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX WAYNE A THOMAS 3040 JUNIPER DR AMERICAN FALLS, ID 83211																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NORTHWEST THERAPY SERVICES, INC. WAYNE A THOMAS PO BOX 227 AMERICAN FALLS, ID 83211		3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Wayne A. Thomas</td> <td>3040 Juniper</td> <td>Am. Falls</td> <td>ID</td> <td>83211</td> </tr> <tr> <td>Sec.</td> <td>DeEtte Thomas</td> <td>3040 Juniper</td> <td>Am Falls</td> <td>ID</td> <td>83211</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>	Pres.	Wayne A. Thomas	3040 Juniper	Am. Falls	ID	83211	Sec.	DeEtte Thomas	3040 Juniper	Am Falls	ID	83211
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Sec.	DeEtte Thomas	3040 Juniper	Am Falls	ID	83211																	
5. Organized Under the Laws of: CALIFORNIA C 104244		6. Signature  Date <u>10/20/03</u> Name (Typed or Printed) <u>Wayne A. Thomas</u> Title <u>President</u>																				