

<b>No. C 135174</b>	<b>Due no later than August 31, 2003</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b> BRIAN LANE OLSON 510 E 17TH ST #400 IDAHO FALLS, ID 83404												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address (Correct in this box if applicable) PEAKS TO PLAINS THERAPY SERVICES, P BRIAN LANE OLSON 510 E 17TH ST #400  IDAHO FALLS, ID 83404	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <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>President</td> <td>Brian Olson</td> <td>510 E 17th St #400</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</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>	President	Brian Olson	510 E 17th St #400	Idaho Falls	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Brian Olson	510 E 17th St #400	Idaho Falls	ID	83404									
5. Organized Under the Laws of:  IDAHO C 135174	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Signature <u>Brian Olson</u></td> <td style="width: 50%;">Date <u>6/10/03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Brian Olson</u></td> <td>Title <u>President</u></td> </tr> </table>		Signature <u>Brian Olson</u>	Date <u>6/10/03</u>	Name (Typed or Printed) <u>Brian Olson</u>	Title <u>President</u>								
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