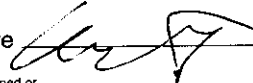
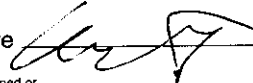
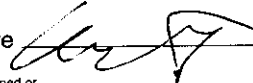


C 137999	Due no later than Mar 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX												
SECRETARY OF STATE WEST JEFFERSON BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable SNAKE RIVER REHABILITATION SERVICES, 322 MAIN ST LEWISTON, ID 83501	EDWIN L LITTENEKER 322 MAIN ST LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>President, Michael Emery,</td> <td>504 Main St., Ste. 460,</td> <td>Lewiston,</td> <td>ID</td> <td>83501</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, Michael Emery,	504 Main St., Ste. 460,	Lewiston,	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	President, Michael Emery,	504 Main St., Ste. 460,	Lewiston,	ID	83501									
5. Organized Under the Laws of: IDAHO C 137999	6. <table border="1"> <tr> <td>Signature </td> <td>Date <u>1-15-01</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Michael Emery</u></td> <td>Title <u>President</u></td> </tr> </table>		Signature 	Date <u>1-15-01</u>	Name <small>(Typed or Printed)</small> <u>Michael Emery</u>	Title <u>President</u>								
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