

<b>No. W 22804</b>	<b>Due no later than February 29, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
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 <small>Correct in this box if applicable</small>		CONNIE C HAHN PHD 318 N DIVISION ST												
	HEALTHY RESOLUTIONS PLLC CONNIE C HAHN PHD PO BOX 177  KINGSTON, ID 83839		KELLOGG, ID 83837  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td></td> <td></td> <td colspan="4" style="text-align:center">           Connie C HAHN PHD P.O. Box 177 Kingston Id 83839         </td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>			Connie C HAHN PHD P.O. Box 177 Kingston Id 83839			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
		Connie C HAHN PHD P.O. Box 177 Kingston Id 83839													
5. Organized Under the Laws of:  IDAHO W 22804		6. Signature <u>Connie C. Hahn Ph.D</u> Date <u>12-7-03</u> Name <small>(Typed or Printed)</small> <u>Connie C. Hahn Ph.D</u> Title <u>Psychologist</u>													