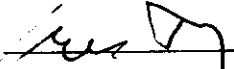


No. C 137999 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Mar 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SNAKE RIVER REHABILITATION SERVICES, 322 MAIN ST LEWISTON, ID 83501	2. Registered Agent and Office NO PO BOX 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="0"> <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. 420,</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. 420,	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. 420,	Lewiston,	ID	83501									
5. Organized Under the Laws of: IDAHO C 137999	6. Signature  Date <u>4-09-03</u> Name <small>(Typed or Printed)</small> <u>Michael Emery</u> Title <u>President</u>													

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