

No. C 151919	Due no later than December 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX SANDRA MARGARET WATSON 27463 S HINDS DR ST MARIES, ID 83861
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 SILVER VALLEY THERAPY CLINIC, INC. 27463 S HINDS DR ST MARIES, ID 83861		3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u> President	<u>Name</u> S. Watson	<u>Street or P.O. Address</u> 27463 S. Hinds Dr. St. Maries	<u>City</u> St. Maries.
		<u>State</u> ID	<u>Zip</u> 83861
5. Organized Under the Laws of: IDAHO C 151919		6. Signature <u>Sandra M. Watson</u> Date <u>10.21.05</u> Name <small>(Typed or Printed)</small> <u>SANDRA M. WATSON</u> Title <u>PRESIDENT</u>	

Issued 10/03/2005

Do Not Tape or Staple

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