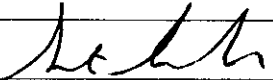


No. C 130306	Due no later than September 30, 2003	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form													
	1. Mailing Address. (Correct in this box, if applicable) ALTERNATIVE COUNSELING & REHAB, INC 1661 W SHORELINE #110 BOISE, ID 83702	LYNNE A CERTAIN 1661 W SHORELINE #110 BOISE, ID 83702												
		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0" style="width: 100%;"> <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>OWNER</td> <td>LYNNE CERTAIN</td> <td>1661 W. SHORELINE #110</td> <td>BOISE</td> <td>ID</td> <td>83702</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>	OWNER	LYNNE CERTAIN	1661 W. SHORELINE #110	BOISE	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
OWNER	LYNNE CERTAIN	1661 W. SHORELINE #110	BOISE	ID	83702									
5. Organized Under the Laws of: IDAHO C 130306	6. Signature  Date <u>7-15-03</u> Name <small>(Typed or Printed)</small> <u>Stephen Schneider</u> Title <u>Director</u>													