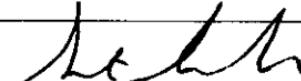


No. C 130306		Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if applicable ALTERNATIVE COUNSELING & REHAB, INC 1661 W SHORELINE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