

No. C 105893	Due no later than April 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX ANDREW OHL 408 MAIN ST SALMON, ID 83467																								
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 WHITEWATER THERAPEUTIC AND RECREATION TERRY MYERS PO BOX 1443 SALMON, ID 83467	3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Director</td> <td>Andrew OHL</td> <td>408 Main St</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Bel. of Director</td> <td>Thyra Wanner</td> <td>PO Box 1325</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Bel. of Director</td> <td>Betsy Rieffenbarger</td> <td>PO Box 232</td> <td>Crummer</td> <td>ID</td> <td>83</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Director	Andrew OHL	408 Main St	Salmon	ID	83467	Bel. of Director	Thyra Wanner	PO Box 1325	Salmon	ID	83467	Bel. of Director	Betsy Rieffenbarger	PO Box 232	Crummer	ID	83
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5. Organized Under the Laws of: IDAHO C 105893	6. Signature <u>Andrew B OHL</u> Date <u>4-17-04</u> Name (Typed or Printed) <u>Andrew OHL</u> Title <u>Bel. of Director</u>																									