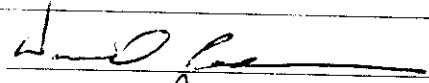


No. W 12431	Due no later than July 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable		DAVID P PEDERSON 5522 S AMARYLLIS PLACE BOISE, ID 83716													
	BIOFEEDBACK ASSOCIATES, L.L.C. 5522 S AMARYLLIS PLACE BOISE, ID 83716		3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>David Pederson</td> <td>5522 Amaryllis Place</td> <td>Boise</td> <td>ID</td> <td>83716</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	David Pederson	5522 Amaryllis Place	Boise	ID	83716
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	David Pederson	5522 Amaryllis Place	Boise	ID	83716											
5. Organized Under the Laws of: IDAHO W 12431	6. Signature  Date <u>8-8-04</u> Name <small>(Typed or Printed)</small> <u>David Pederson</u> Title <u>Owner / Director</u>															

Issued 05/03/2004

Do Not Tape or Staple

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