

No. W 25200	Due no later than July 31, 2005 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 GAIL S. ATER COUNSELING SERVICES, L 219 SHOSHONE ST N TWIN FALLS, ID 83301		GAIL S ATER 219 SHOSHONE ST N TWIN FALLS, ID 83301	
NO FILING FEE IF RECEIVED BY DUE DATE			3 <u>New</u> Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Members.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
<i>Pres. Gail S. Ater 219 Shoshone St.N. T.F. Id. 83301</i>				
5. Organized Under the Laws of: IDAHO W 25200	6. Signature Name <small>(Type or Printed)</small>	<i>Gail S. Ater</i>		Date <i>5/16/05</i> Title <i>Pres</i>

Issued 05/02/2005

Do Not Tape or Staple

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