

No. W 25200	Due no later than July 31, 2005		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		GAIL S ATER 219 SHOSHONE ST N TWIN FALLS, ID 83301												
	GAIL S. ATER COUNSELING SERVICES, L 219 SHOSHONE ST N TWIN FALLS, ID 83301		3 <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td></td> <td colspan="5"> <i>Pres. GAIL S. ATER 219 Shoshone St. N. T.F. Id. 83301</i> </td> </tr> </table>				<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>				
<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 <i>[Signature]</i> Date <i>5/16/05</i> Name <i>GAIL S. ATER</i> Title <i>Pres</i>														

Issued 05/02/2005

Do Not Tape or Staple

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