

<b>No. W 7981</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Feb 28, 2002</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable ASPEN CENTER, REHABILITATION & COUN KIM SIX POB 990  DRIGGS, ID 83422	2. Registered Agent and Office <b>NO PO BOX</b> KIM M SIX <del>167 N MT DAVIDSON DR</del> 164 N MT Washburn DRIGGS, ID 83422  3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Kim M. Six</td> <td>PO Box 990</td> <td>Driggs</td> <td>ID</td> <td>83422</td> </tr> <tr> <td>Sec</td> <td>Kim m. SIX</td> <td>PO Box 990</td> <td>Driggs</td> <td>ID</td> <td>83422</td> </tr> <tr> <td>Director</td> <td>Kim m. SIX</td> <td>PO Box 990</td> <td>Driggs</td> <td>ID</td> <td>83422</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Kim M. Six	PO Box 990	Driggs	ID	83422	Sec	Kim m. SIX	PO Box 990	Driggs	ID	83422	Director	Kim m. SIX	PO Box 990	Driggs	ID	83422
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