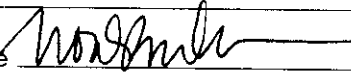


No. W 23699	Due no later than April 30, 2004		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		NOAH MILLER																			
	1. Mailing Address - Correct in this box, if applicable PROFESSIONAL REHABILITATION NETWORK NOAH MILLER 319 8TH AVE N TWIN FALLS, ID 83301		319 8TH AVE N TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Noah P. Miller</td> <td>319 8th Ave N</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>member</td> <td>Amy J. Miller</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Noah P. Miller	319 8th Ave N	Twin Falls	ID	83301	member	Amy J. Miller	"	"	"	"
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member	Amy J. Miller	"	"	"	"																	
5. Organized Under the Laws of: IDAHO W 23699		6. Signature  Date <u>2/10/04</u> Name (Typed or Printed) <u>Noah P. Miller</u> Title <u>manager</u>																				