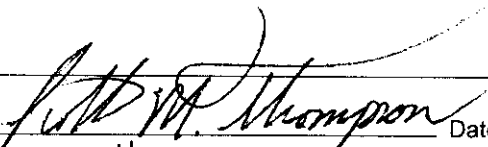


No. W 20563	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable HEALTHY PROGRESSION OF TWIN FALLS, 451 EASTLAND TWIN FALLS, ID 83301		SCOTT M THOMPSON 451 EASTLAND 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. <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>Member</td> <td>Scott M Thompson</td> <td>613 O'leary Way</td> <td>Twin falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Member</td> <td>Doyle R Jensen</td> <td>411 N Val Verde</td> <td>Rupert</td> <td>ID</td> <td>83350</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Member	Scott M Thompson	613 O'leary Way	Twin falls	ID	83301	Member	Doyle R Jensen	411 N Val Verde	Rupert	ID	83350
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5. Organized Under the Laws of: IDAHO W 20563	6. <div> <div>  </div> <div> Signature _____ Date <u>7-12-03</u> </div> <div> Name <small>(Typed or Printed)</small> <u>Scott M Thompson</u> Title <u>Member</u> </div> </div>																				