

No. C 126174	Due no later than Oct 31, 2001 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DONNA ALFS THERAPY SERVICES, INC. 448 S MAIN ST STE 103 <i>P.O. Box 850</i> HAILEY, ID 83383 <i>Ketchum Id. 83340</i>		DONNA ALFS 191 N HULEN WAY KETCHUM, ID 83340 3. <u>New</u> Registered Agent Signature			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.						
	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	<i>President</i>	<i>Donna ALFS</i>	<i>P.O. Box 850</i>	<i>Ketchum</i>	<i>Id</i>	<i>83340</i>
	<i>Secretary</i>	<i>Joe Piscotenich</i>	<i>P.O. Box 6609</i>	<i>Ketchum</i>	<i>Id.</i>	<i>83340</i>
5. Organized Under the Laws of: IDAHO C 126174	6. Signature <i>Donna Alfs</i> Name <small>(Typed or Printed)</small> <i>Donna ALFS</i>		Date <i>11/4/01</i> Title <i>President</i>			