

<p><b>No. W 7981</b></p> <p>Return to:          SECRETARY OF STATE          700 WEST JEFFERSON          PO BOX 83720          BOISE, ID 83720-0080</p> <p><b>NO FILING FEE IF          RECEIVED BY DUE DATE</b></p>	<p align="center"><b>Due no later than February 29, 2004          Annual Report Form</b></p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>ASPEN CENTER, REHABILITATION &amp; COUN          KIM SIX          POB 990  <i>Teton Valley Hospital / clinic</i>          DRIGGS, ID 83422</p>	<p>2. Registered Agent and Office <b>NO PO BOX</b></p> <p>KIM M SIX          164 N MT WASHBURN          DRIGGS, ID 83422</p> <p>3. <u>New</u> Registered Agent Signature</p>												
<p>4. Limited Liability Companies: Enter Names and Addresses of Members.</p> <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>President</td> <td>Kim Six</td> <td>PO Box 990 164 N. Mt Washburn</td> <td>Driggs</td> <td>ID</td> <td>83422</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>	President	Kim Six	PO Box 990 164 N. Mt Washburn	Driggs	ID	83422
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Kim Six	PO Box 990 164 N. Mt Washburn	Driggs	ID	83422									
<p>5. Organized Under the Laws of:</p> <p align="center">IDAHO          W 7981</p>	<p>6.</p> <p>Signature <u><i>Kim M Six</i></u> Date <u>12-6-03</u></p> <p>Name <small>(Typed or Printed)</small> <u>Kim M Six</u> Title <u>12-6-03</u></p>													