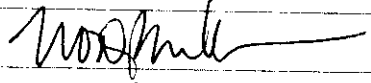


No. W 23699	Due no later than April 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PROFESSIONAL REHABILITATION NETWORK NOAH MILLER 319 8TH AVE N TWIN FALLS, ID 83301		NOAH MILLER 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.					
<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 Miller	319 8th Ave N	Twin Falls	ID	83301
5. Organized Under the Laws of: IDAHO W 23699		6. Signature  Date <u>2/15/05</u> Name <small>(Type or Print)</small> <u>Noah P. Miller</u> Title <u>Manager</u>			

Issued 02/01/2005

Do Not Tape or Staple

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