

No. C 81808	<b>Annual Report Form</b> Due No Later Than November 30, 1997		2 Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b> <b>* FIRST NOTICE *</b>	1 Mailing Address Please Correct If Not Correct		MYRNA HALVERSON 219 N. MAIN													
	THERAPY CENTER, INC. (THE) MYRNA HALVERSON PO BOX 787		PAUL ID 83347													
			3. Organized Under the Laws of ID C 81808													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>Pres.</td> <td>Myrna Halverson</td> <td>P.O. Box 787 - 219 N.Main</td> <td>Paul</td> <td>Idaho</td> <td>8334</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Myrna Halverson	P.O. Box 787 - 219 N.Main	Paul	Idaho	8334
Office held	Name	Street or P.O. Address	City	State	Zip											
Pres.	Myrna Halverson	P.O. Box 787 - 219 N.Main	Paul	Idaho	8334											
5.		6. Signature <u>Myrna Halverson</u> Date <u>7-23-97</u> Name (Typed or Printed) <u>Myrna Halverson</u> Title <u>Owner</u>														

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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