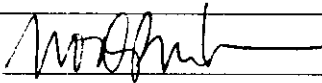
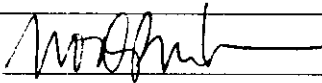
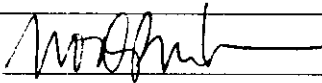


<b>No. W 23699</b>	<b>Due no later than April 30, 2006</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b> NOAH MILLER 319 8TH AVE N TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable PROFESSIONAL REHABILITATION NETWORK 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.
 

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Noah Miller	319 8th Ave N	Twin Falls	ID	83301
Manager	Amy Miller	319 8th Ave N	Twin Falls	ID	83301

5. Organized Under the Laws of: <div style="text-align: center;"> <b>IDAHO</b>  <b>W 23699</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature  </td> <td style="width: 40%;">           Date <u>2/20/06</u> </td> </tr> <tr> <td>           Name <small>(Typed or Printed)</small> <u>Noah P. Miller</u> </td> <td>           Title <u>Manager</u> </td> </tr> </table>	Signature 	Date <u>2/20/06</u>	Name <small>(Typed or Printed)</small> <u>Noah P. Miller</u>	Title <u>Manager</u>
Signature 	Date <u>2/20/06</u>				
Name <small>(Typed or Printed)</small> <u>Noah P. Miller</u>	Title <u>Manager</u>				