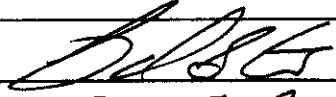


No. W 25200	Due no later than July 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (Name and address of agent for the GAIL S. ATER COUNSELING SERVICES, L 219 SHOSHONE ST N TWIN FALLS, ID 83301	GAIL S ATER 219 SHOSHONE ST N TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Gail S. Ater</td> <td>219 Shoshone St. N.</td> <td>Twin Falls</td> <td>ID.</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Gail S. Ater	219 Shoshone St. N.	Twin Falls	ID.	83301
Office held	Name	Street or P.O. Address	City	State	Zip									
Pres.	Gail S. Ater	219 Shoshone St. N.	Twin Falls	ID.	83301									
5. Organized Under the Laws of: IDAHO W 25200	6. Signature <u></u> Date <u>5/05/08</u> Name (Typed or Printed) <u>Gail S Ater</u> Title <u>Pres.</u>													

Issued 05/02/2008

Do Not Tape or Staple

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