

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	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		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	3. <u>New Registered Agent Signature</u>				
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Gail S. Ater	219 Shoshone St. N.	Twin Falls	Id.	83301
5. Organized Under the Laws of: IDAHO W 25200		6. Signature _____ Name (Typed or Printed) _____ Signature _____ Date 5/09/08 Title Pres.			

Issued 05/02/2008

**Do Not Tape or Staple**

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