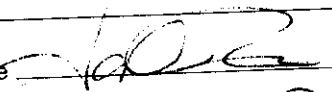


No. <b>W 6029</b>	<b>Due no later than April 30, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address: (Correct in this box, if applicable) <b>BRAIN TRAINING INSTITUTE, L.L.C.</b>  2503 W STATE  BOISE, ID 83702		SARA LARIVIERE 2503 W STATE  BOISE, ID 83702  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td></td> <td>Sara Lariviere</td> <td>2503 W State</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Sara Lariviere	2503 W State	Boise	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Sara Lariviere	2503 W State	Boise	ID	83702										
5. Organized Under the Laws of:  IDAHO W 6029	6. Signature  Date <u>2-4-04</u> Name (Typed or Printed) <u>SARA D LARIVIERE</u> Title <u>OWNER</u>														