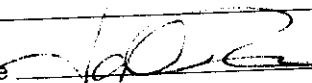


No. W 6029	Due no later than April 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable BRAIN TRAINING INSTITUTE, L.L.C. 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="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Sara Lariviere</td> <td>2503 W state</td> <td>Boise</td> <td>Id</td> <td>83702</td> </tr> </tbody> </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 <small>(Typed or Printed)</small> <u>SARA D LARIVIERE</u> Title <u>OWNER</u>													