

No. C 137751		Due no later than Feb 28, 2002 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		1. Mailing Address - Correct in this box, if applicable TETON SUN THERAPY, P.A. 329 S WOODRUFF AVE IDAHO FALLS, ID 83401		329 S WOODRUFF AVE IDAHO FALLS, ID 83401
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President: Lynne Hamilton 3205 E 1300 N Ashton, ID 83420				
5. Organized Under the Laws of: IDAHO C 137751		6. Signature _____ Date _____ Name <small>(Typed or Printed)</small> Lynne Hamilton Title OTR/L		