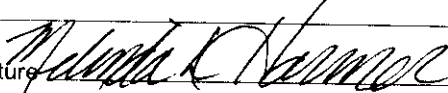


No. W 16597	Due no later than September 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CIERRA THERAPY, L.L.C. PO BOX 5544 TWIN FALLS, ID 83303 5544		CHERRI A SUTER 1201 FALLS AVE E # 36 TWIN FALLS, ID 83301																		
4. Limited Liability Companies: Enter Names and Addresses of Members.			3. <u>New</u> Registered Agent Signature																		
<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>Co-owner</td> <td>Melinda L Harmer</td> <td>P.O. Box 5544</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>Co-owner</td> <td>Cherri A Suter</td> <td>P.O. Box 5544</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Co-owner	Melinda L Harmer	P.O. Box 5544	Twin Falls	ID	83303	Co-owner	Cherri A Suter	P.O. Box 5544	Twin Falls	ID	83303
Office held	Name	Street or P.O. Address	City	State	Zip																
Co-owner	Melinda L Harmer	P.O. Box 5544	Twin Falls	ID	83303																
Co-owner	Cherri A Suter	P.O. Box 5544	Twin Falls	ID	83303																
5. Organized Under the Laws of: IDAHO W 16597		6. Signature  Date <u>8/26/04</u> Name (Typed or Printed) <u>Melinda L Harmer</u> Title <u>Co-owner</u>																			

Issued 07/01/2004

Do Not Tape or Staple

20040900276