

No. W 16107	Due no later than August 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX BRYAN GIMMESON 2722 BARNES WAY IDAHO FALLS, ID 83401																		
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: FAMILY AND CHILDREN'S REHABILITATIVE BRYAN GIMMESON 55366 S HWY 97 ST MARIES, ID 83861	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table 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>Owner/ Administrator</td> <td>Bryan Gimmeson</td> <td>55366 S Hwy 97</td> <td>St. Maries</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>owner/Administrator</td> <td>Bruce Barbarsquire</td> <td>1991 Fountain Dr.</td> <td>Post Falls</td> <td>ID</td> <td>83854</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>	Owner/ Administrator	Bryan Gimmeson	55366 S Hwy 97	St. Maries	ID	83861	owner/Administrator	Bruce Barbarsquire	1991 Fountain Dr.	Post Falls	ID	83854
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5. Organized Under the Laws of: IDAHO W 16107	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature <u>Bryan Gimmeson</u></td> <td style="width: 50%;">Date <u>7-1-04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Bryan Gimmeson</u></td> <td>Title <u>Owner/Administrator</u></td> </tr> </table>		Signature <u>Bryan Gimmeson</u>	Date <u>7-1-04</u>	Name (Typed or Printed) <u>Bryan Gimmeson</u>	Title <u>Owner/Administrator</u>														
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