No. <b>C 149033</b>		Due no later than May 31, 2015		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  A.L.D. PSYCHOLOGICAL SERVICES, P.A. ANTHONY LOUIS DELBERT  15487 E. SUNSET SHORES CIR. HARRISON ID 83833		15487 E. SUNS HARRISON ID	ANTHONY L DELBERT PHD  15487 E. SUNSET SHORES CIRCLE HARRISON ID 83833  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		\ ddu	of Desident Cosestery, and Directors Transcrip	an (antional)				
	Name	ess addresses (	of President, Secretary, and Directors. Treasur Street or PO Address		Ctata	Country	Postal Code	
	ANTHONY L	DELBERT	PO BOX 3165	City COEUR D'ALENE	State ID	Country USA	83816	
	ANTHONY L		PO BOX 3165	COEUR D'ALENE	ID	USA	83816	
	ANTHONY L		PO BOX 3165	COEUR D'ALENE	ID	USA	83816	
5. Organized Under the Laws of:		6. Annual Rep	ort must be signed.*					
ID		Signature: Anthony L. Delbert, PhD Date: 05/03/2015					15	
C 149033		Name (type or print): Anthony L. Delbert, PhD			Title: President			
Processed 05/03/2015 * Electronically provided signatures are accepted as original signatures.								