No. C 149033		Due no later than May 31, 2011 Annual Report Form		2. Registered A	Registered Agent and Address (NO PO BOX) ANTHONY L DELBERT PHD			
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 needed.						
		A.L.D. PSYCHOLOGICAL SERVICES, P.A. ANTHONY DELBERT PO BOX 3165			COEUR D'ALENE ID 83814			
		COEUR D ALEN	NE ID 83816	3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busi	ness Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	ANTHONY I	_ DELBERT	PO BOX 3165	COEUR D'ALEN	E ID	USA	83816	
SECRETARY	ANTHONY I	DELBERT	PO BOX 3165	COEUR D'ALEN	E ID	USA	83816	
PRESIDENT	ANTHONY I	DELBERT	PO BOX 3165	COEUR D'ALEN	E ID	USA	83816	
5. Organized Under the Laws of:		6. Annual Report	t must be signed.*					
ID		Signature: Anthony L. Delbert, Ph.D.		D	Date: 06/23/2011			
C 149033		Name (type o	Т	Title: Clinical Psychologist				
Processed 06/23/2011		* Electronically p	rovided signatures are accepted as origir	nal signatures.				