

INSTRUCTIONS ON REVERSE SIDE

No. 80751	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX CONNIE SEARLES 405 S. 8TH ST. PO 365 BOISE ID 83702																																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct IDAHO PSYCHOLOGICAL ASSOCIA 405 S. 8th St., #365 P.O. BOX 8585 XXXXXXXXXX BOISE ID 83702x83702	3. Incorporated Under The Laws of ID NO: 080751																																				
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 45%; text-align: center;"><u>Name</u></th> <th style="width: 25%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 15%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Linda Hatzenbuehler, Ph.D.</td> <td>Box 8090, ISU</td> <td>Pocatello</td> <td>ID</td> <td>83209</td> </tr> <tr> <td>Secretary:</td> <td>Dan Hamilton, Ph.D.</td> <td>Box 1907</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> <tr> <td>Directors:</td> <td>Ricahrd Swenson, Ph.D.</td> <td>1147 E. 25th</td> <td>Idaho Falls</td> <td>ID</td> <td>83403</td> </tr> <tr> <td></td> <td>James Oyler, Ph.D.</td> <td>3970 Iriondo Wy</td> <td>Boise</td> <td></td> <td>83706</td> </tr> <tr> <td></td> <td>Michael Emery, Ph.D.</td> <td>0309 Second St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Linda Hatzenbuehler, Ph.D.	Box 8090, ISU	Pocatello	ID	83209	Secretary:	Dan Hamilton, Ph.D.	Box 1907	Ketchum	ID	83340	Directors:	Ricahrd Swenson, Ph.D.	1147 E. 25th	Idaho Falls	ID	83403		James Oyler, Ph.D.	3970 Iriondo Wy	Boise		83706		Michael Emery, Ph.D.	0309 Second St.	Lewiston	ID	83501
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5. Nature of Business Professional Assoc.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <i>Connie M. Searles</i> </td> <td style="width: 40%;"> Date 7/9/91 </td> </tr> <tr> <td> Name (Typed or Printed) </td> <td> Title <i>Exec. Dir</i> </td> </tr> </table>		Signature <i>Connie M. Searles</i>	Date 7/9/91	Name (Typed or Printed)	Title <i>Exec. Dir</i>																																
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