No. C 134033		Due no later than May 31, 2014		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SHARON B KATZ 1129 KIMBERLEY LN BOISE ID 83712			
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. DR. SHARON B. KATZ, LICENSED PSYCHOLOGIST, P.A. SHARON B KATZ 1129 KIMBERLEY LN BOISE ID 83712						
				3	3. New Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treas	urer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT			1129 KIMBERLEY LANE 1129 KIMBERLEY LANE		BOISE BOISE	ID ID	USA USA	83712 83712
5. Organized Under the	Laws of:	6. Annual Report must	be signed.*					
ID C 134033		Signature: Sharon B. Katz			Date: 03/21/2014			
		Name (type or print): Sharon B. Katz			Title: President			
Processed 03/21/2014		* Electronically provided	l signatures are accepted as origina	ıl signa	tures.			