

No. C 134033		Due no later than May 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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. DR. SHARON B. KATZ, LICENSED PSYCHOLOGIST, P.A. SHARON B KATZ 1129 KIMBERLEY LN BOISE ID 83712		SHARON B KATZ 1129 KIMBERLEY LN BOISE ID 83712			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	MARK L CLARK	1129 KIMBERLEY LANE	BOISE	ID	USA	83712	
PRESIDENT	SHARON B KATZ	1129 KIMBERLEY LANE	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID C 134033		6. Annual Report must be signed.* Signature: Sharon B. Katz Name (type or print): Sharon B. Katz					
		Date: 04/26/2013 Title: President					
Processed 04/26/2013		* Electronically provided signatures are accepted as original signatures.					