

No. W 72131	Due no later than Mar 31, 2011 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. CALDWELL PSYCHOLOGICAL SERVICES PLLC PHARES L BOOK 815 FILLMORE CALDWELL ID 83605 USA		PHARES BOOK PSY D 815 FILLMORE CALDWELL ID 83605			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	PHARES BOOK PSY D	1605 S KIMBALL	CALDWELL	ID	USA	83605
5. Organized Under the Laws of: ID W 72131	6. Annual Report must be signed.* Signature: Phares L Book Name (type or print): Phares L Book		Date: 01/14/2011 Title: Manager			
Processed 01/14/2011		* Electronically provided signatures are accepted as original signatures.				