| No. C 80751  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |              | Due no later than Mar 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO PSYCHOLOGICAL ASSOCIATION, INC.  DEBORAH J KATZ  PO BOX 1347  EAGLE ID 83616  USA |  | Registered Agent and Address (NO PO BOX)  DEBORAH KATZ     22681 RIVER RD     CALDWELL ID 83607  3. New Registered Agent Signature:* |       |         |             |
|---|--------------|--|--|--|-------|---------|-------------|
|   |              |  |  |  |       |         |             |
| Office Held   | Name         |  | Street or PO Address                                     | City   | State | Country | Postal Code |
| TREASURER   | MARY K MC    | ORRIS  | 6245 S. PEPPERTREE AVE.                                  | BOISE  | ID    | USA     | 83716       |
| SECRETARY   | HELEN HOLLEY |  | SAINT AL'S PAIN & SPINE 1055 N.<br>CURTIS RD., 6TH FLOOR | BOISE  | ID    | USA     | 83706-0036  |
| PRESIDENT   | SUSAN FAR    | BER  | 223 W. STATE   | BOISE  | ID    | USA     | 83702       |
| 5. Organized Under the Laws of: 6   |              | 6. Annual Report must be signed.*  |  |  |       |         |             |
| ID<br>C 80751   |              | Signature: DEBORAH KATZ  |  | Date: 04/21/2015   |       |         |             |
|   |              | Name (type or print): DEBORAH KATZ   |  | Title: EXECUTIVE DIRECTOR  |       |         |             |
| Processed 04/21/201   | 15           | * Electronically pro   | ovided signatures are accepted as original sig           | natures.   |       |         |             |