

No. C 134033		Due no later than May 31, 2010		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		Annual Report Form 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: 05/05/2010 Title: President				
Processed 05/05/2010		* Electronically provided signatures are accepted as original signatures.				