No. W 29775		D	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		10 100000000 10000000000000000000000000	DAVID L STANDLEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO PSYCHOLOGY CLINIC, LLC DAVID STANDLEY 117 GREENHORN LOOP		HAILEY ID	117 GREEN HORN LOOP HAILEY ID 83333			
NO FILING FEE IF RECEIVED BY DUE DATE		HAILEY ID 83333 3. New Registered Agent Signatur		ignature:*				
4. Limited Liability Comp	anies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER			PO BOX 195 PO BOX 195	BELLEVUE BELLEVUE	ID ID	USA USA	83313 83313	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 29775		Signature: David Standley			Date: 05/11/2010			
		Name (type		Title: Agent				
Processed 05/11/2010 * Electronically provided signatures are accepted as original signatures.								