

No. 67746	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct, If Not Correct</i>		MAC C. WEBB 408 22ND AVENUE SOUTH NAMPA ID 83651																									
	WEBB PSYCHOLOGICAL CLINIC & MAC C. WEBB 408 22ND AVENUE SOUTH NAMPA ID 83651		3. Incorporated Under The Laws of ID NO: 067746																									
4. Names and Addresses of Officers and Directors																												
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Dr. Mac C. Webb</td> <td>408 22nd Ave S.</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:						Secretary:						Directors:	Dr. Mac C. Webb	408 22nd Ave S.	Nampa	ID	83651
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:																												
Secretary:																												
Directors:	Dr. Mac C. Webb	408 22nd Ave S.	Nampa	ID	83651																							
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Psychology		<table border="0"> <tr> <td>Signature</td> <td><i>Dr. Mac C. Webb</i></td> <td>Date</td> <td>7/10/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Dr. Mac C. Webb</td> <td>Title</td> <td>Director</td> </tr> </table>			Signature	<i>Dr. Mac C. Webb</i>	Date	7/10/91	Name (Typed or Printed)	Dr. Mac C. Webb	Title	Director																
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