No. W 22890		Due no later than Feb 28, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		N 10000000 00 0000 0000000	JAMES BRUCE PHD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PSYCHOLOGY SERVICES, PLLC JAMES BRUCE 1120 N GARDEN ST BOISE ID 83706		BOISE ID	1120 N GARDEN ST BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	panies: Enter N	ames and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	EMBER JAMES BRUCE PHD		1120 N GARDEN ST	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James Bruce, PhD		Date	Date: 03/13/2013			
W 22890		Name (type or print): James Bruce, PhD		Title	Title: Owner/Psychologist			
Processed 03/13/2013 * Electronically provided signatures are accepted as original signatures.								