

No. W 29775	Due no later than April 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0800 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		DAVID L STANDLEY 565 WHISPERING PINE DR TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
	SOUTHERN IDAHO PSYCHOLOGY CLINIC, L 565 WHISPERING PINE DR TWIN FALLS, ID 83301														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></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>owner</td> <td>David Standley</td> <td>565 Whispering Pine Dr</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner	David Standley	565 Whispering Pine Dr	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
owner	David Standley	565 Whispering Pine Dr	Twin Falls	ID	83301										
5. Organized Under the Laws of: IDAHO W 29775	6. Signature <u>David L Standley</u> Name <small>(Typed or Printed)</small> <u>DAVID L. STANDLEY</u>		Date <u>February 15, 2006</u> Title <u>OWNER</u>												