

No. <b>W 72131</b>		<b>Due no later than Mar 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CALDWELL PSYCHOLOGICAL SERVICES PLLC PHARES L BOOK 815 FILLMORE CALDWELL ID 83605 USA		PHARES BOOK PSY D 815 FILLMORE CALDWELL ID 83605			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	PHARES BOOK PSY D	1605 S KIMBALL	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 72131</b>		Signature: Phares L Book				Date: 04/09/2010	
		Name (type or print): Phares L Book				Title: Psychologist	
Processed 04/09/2010		* Electronically provided signatures are accepted as original signatures.					