


No. 54203	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	I. Mailing Address: <i>Please Correct If Not Correct</i>		D. WHITMAN JONES, PH.D. 380 PARKCENTER BOULEVARD SUITE 330 BOISE ID 83706																								
	PSYCHOLOGICAL ASSOCIATES, P D. WHITMAN JONES, PH.D. 380 PARKCENTER BOULEVARD SUITE 330 BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 054203																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>D WHITMAN JONES</td> <td>380 Parkcenter Blvd</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>Paula H. JONES</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	D WHITMAN JONES	380 Parkcenter Blvd	Boise	ID	83706	Secretary:	Paula H. JONES	"	"	"	"	Directors:					
	Name	Street or P.O. Address	City	State	Zip																						
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Secretary:	Paula H. JONES	"	"	"	"																						
Directors:																											
5. Nature of Business Psychological Services	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
	Signature  Name (Typed or Printed) D WHITMAN JONES Date 7/15/91 Title Pres																										