

No. 054203	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1987		2. Registered Agent and Office																					
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>	1. Mailing Address — Please Correct 054203		<b>D. WHITMAN JONES, PH.D.</b> <b>2005 KIMBALL AVENUE</b> <b>CALDWELL, IDAHO</b> <b>83605</b>																					
	<b>PSYCHOLOGICAL ASSOCIATES, P. A.</b> <b>D. WHITMAN JONES, PH.D.</b> <b>2005 SOUTH KIMBALL</b> <b>CALDWELL, IDAHO</b> <b>83605</b>																							
	3. Incorporated Under The Laws of  <b>STATE OF IDAHO</b>																							
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: <b>D. Whitman Jones</b></td> <td><b>2005 S Kimball</b></td> <td><b>Caldwell</b></td> <td><b>Id</b></td> <td><b>83605</b></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: <b>D. Whitman Jones</b>	<b>2005 S Kimball</b>	<b>Caldwell</b>	<b>Id</b>	<b>83605</b>	Secretary:					Directors:				
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Directors:																								
5. Nature of Business  <b>Psychology Practice</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><b>D. Whitman Jones</b></td> <td>Date</td> <td><b>6/30/87</b></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><b>D. Whitman Jones</b></td> <td>Title</td> <td><b>Pres</b></td> </tr> </table>			Signature	<b>D. Whitman Jones</b>	Date	<b>6/30/87</b>	Name (Typed or Printed)	<b>D. Whitman Jones</b>	Title	<b>Pres</b>												
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