

No. C 202223		Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO NEUROLOGICAL SOCIETY, INC. 1499 W HAYS ST BOISE ID 83702		DR ROBERT WECHSLER 1499 W HAYS ST BOISE 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROBERT T WECHSLER, M.D., PH.D.	1499 W HAYS ST	BOISE	ID	83702		
DIRECTOR	ANNA I IRWIN, M.D.	1802 N 18TH ST	BOISE	ID	83702		
DIRECTOR	HEIDI I ORME, M.D.	125 E IDAHO ST	BOISE	ID	83712		
5. Organized Under the Laws of: ID C 202223		6. Annual Report must be signed.* Signature: Dr. Robert Wechsler Name (type or print): Dr. Robert Wechsler					
		Date: 04/06/2015 Title: Director					
Processed 04/06/2015 * Electronically provided signatures are accepted as original signatures.							