

No. C 202223		Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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	
				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.			