

No. W 35939		Due no later than Jan 31, 2014 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. CONSULTANTS IN EPILEPSY AND NEUROLOGY, PLLC ROBERT T WECHSLER 1499 W. HAYS STREET BOISE ID 83702		ROBERT T WECHSLER 1499 W. HAYS STREET BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROBERT T WECHSLER MD PHD	Street or PO Address 100 N 9TH ST STE 200		City BOISE	State ID	Country USA	Postal Code 83702
5. Organized Under the Laws of: ID W 35939		6. Annual Report must be signed.* Signature: Robert T. Wechsler Name (type or print): Robert T. Wechsler Date: 11/18/2013 Title: Manager					
Processed 11/18/2013 * Electronically provided signatures are accepted as original signatures.							