

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