No. W 89027		Due no later than Dec 31, 2012			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KENNETH R LAWSON					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PEDIATRIC NEUROBEHAVIORAL DIAGNOSTICS, PLLC KENNETH R LAWSON 13014 N 105 E IDAHO FALLS ID 83401			13014 N 105 E IDAHO FALLS ID 83401 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresse	s of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MEMBER	BER DARLA J LAWSON		13014 N 105 E		IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 89027		Signature: Kenneth R. Lawson			Date: 11/10/2012				
		Name (type or print): Kenneth R. Lawson			Title: Registered Agent				
Processed 11/10/2012 * Electronically provided signatures are accepted as original signatures.									