

No. <b>W 35939</b>		<b>Due no later than Jan 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ROBERT T WECHSLER 333 N 1ST ST STE 140 BOISE ID 83702			
		<b>1. Mailing Address: Correct in this box if needed.</b> CONSULTANTS IN EPILEPSY AND NEUROLOGY, PLLC ROBERT T WECHSLER 333 N 1ST ST STE 140 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	333 N 1ST ST STE 140	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 35939</b>		Signature: Robert T. Wechsler, MD, PhD				Date: 11/13/2009	
		Name (type or print): Robert T. Wechsler, MD, PhD				Title: Manager	
Processed 11/13/2009		* Electronically provided signatures are accepted as original signatures.					