No. **W 79956**	**Due no later than Dec 31, 2012** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** IDAHO NEUROSCIENCES CENTER, LLC LOUIS KRAML 98 POPLAR ST BLACKFOOT ID 83221	LOUIS KRAML 98 POPLAR ST BLACKFOOT ID 83221 3. New 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	LOUIS KRAML	98 POPLAR STREET	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 79956**	Signature: Louis Kraml	Date: 01/04/2013
	Name (type or print): Louis Kraml	Title: Manager

Processed 01/04/2013

* Electronically provided signatures are accepted as original signatures.