No. W 89027		Due no later than Dec 31, 2017		2. Registered Ag	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 DARLA J FARADAY 3855 NOTTINGHAM LANE IDAHO FALLS ID 83402		IDAHO FALLS	3855 NOTTINGHAM LANE IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DARLA J FARADAY		RADAY	3855 NOTTINGHAM LANE	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 89027		Signature: Darla Faraday		Date: 1	Date: 11/11/2017			
		Name (type or print): Darla Faraday		Title: 1	Title: Neuropsychologist			
rocessed 11/11/2017 * Electronically provided signatures are accepted as original signatures.								