

No. W 94771		Due no later than Jul 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. NATIONWIDE NEURO HEALTH. PLLC WADE S HARRIS 1825 S. KIMBALL AVENUE CALDWELL ID 83607 USA		WADE S HARRIS 15682 ECLIPSE DRIVE CALDWELL ID 83607			
				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	WADE S HARRIS	15682 ECLIPSE DRIVE	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 94771		Signature: Wade S. Harris				Date: 08/19/2014	
		Name (type or print): Wade S. Harris				Title: Manager	
Processed 08/19/2014		* Electronically provided signatures are accepted as original signatures.					