

No. C 201661		Due no later than Mar 31, 2015		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. ALZHEIMER DEMENTIA CENTER INCORPORATED MATTHEW HOUSEL 5210 CLEVELAND BLVD STE140 #175 CALDWELL ID 83607		MATTHEW HOUSEL 723 ROYAL ST CALDWELL 83605-8360			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MATTHEW HOUSEL	723 ROYAL ST	CALDWELL	ID	USA	83605	
SECRETARY	MATTHEW HOUSEL	723 ROYAL ST	CALDWELL	ID	USA	83605	
PRESIDENT	MATTHEW HOUSEL	723 ROYAL	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of: ID C 201661		6. Annual Report must be signed.* Signature: Matthew Housel Name (type or print): Matthew Housel Date: 04/16/2015 Title: President/agent					
Processed 04/16/2015		* Electronically provided signatures are accepted as original signatures.					