

No. W 98448	Due no later than Dec 31, 2017 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. DEMENTIA & ALZHEIMER'S WELLBEING NETWORK LLC JUDY A CORNISH PO BOX 8063 MOSCOW ID 83843		JUDY A CORNISH 106 E 3RD ST SUITE 3A MOSCOW ID 83843			
			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	JUDY A CORNISH	909 E 3RD ST APT B	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID W 98448	6. Annual Report must be signed.* Signature: Judy A Cornish Name (type or print): Judy A Cornish		Date: 12/13/2017 Title: Operating Manager			
Processed 12/13/2017		* Electronically provided signatures are accepted as original signatures.				