No. **W 35939**	**Due no later than Jan 31, 2015** **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.** CONSULTANTS IN EPILEPSY AND NEUROLOGY, PLLC ROBERT T WECHSLER 1499 W. HAYS STREET BOISE ID 83702	ROBERT T WECHSLER 1499 W. HAYS STREET BOISE 83702 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	ROBERT T WECHSLER MD PHD	100 N 9TH ST STE 200	BOISE	ID		83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 35939**	Signature: Robert T. Wechsler	Date: 11/19/2014
	Name (type or print): Robert T. Wechsler	Title: Manager

Processed 11/19/2014

* Electronically provided signatures are accepted as original signatures.