

No. W 59984		Due no later than Mar 31, 2012		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. MOVEMENT DISORDER CONSULTANTS, PLLC 1592 NORTH WATSON WAY EAGLE ID 83616		LAUREN SEEBERGER MD 1592 NORTH WATSON WAY EAGLE ID 83616			
				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	LAUREN SEEBERGER MD	600 N ROBBINS RD	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 59984		Signature: Lauren Seeberger				Date: 01/15/2012	
		Name (type or print): Lauren Seeberger				Title: Manager	
Processed 01/15/2012		* Electronically provided signatures are accepted as original signatures.					